

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

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

**Present:**

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Elizabeth Williams (LW)	GP, South West Locality
Dr Miriam Ish-Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Dr Sadru Kheraj (SK)	GP South East Locality, Governing Body member
Iris Javid (IJ)	Practice Nurse, Medicines Optimisation Lead
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
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
Maria Yousif	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
Michelle Duffy	Prescribing Support Dietitian
Helen Williams (HW)	Consultant Pharmacist, Cardiovascular Disease, Lambeth & Southwark CCGS
<b>Apologies</b>	
Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Shu Ling Man	Senior Clinical Commissioning Pharmacist

**In Attendance:**

Kath McPherson (KM)	Business Support Officer (Minutes)
Petra Teufl	Paediatric Prescribing Support Dietitian
Cherise Gyimah	Care Home Pharmacist
Bethan Warner	Care Home Pharmacist
Shola Amole	Care Home Pharmacist

No.	Agenda Item	Action for / date
<b>LCCG/LBPC/17/001</b>	<b>Welcome and Introductions</b> The Chair welcomed all to the meeting, and thanked the Care Home Pharmacists for attending to update the committee.	
<b>LCCG/LBPC/17/002</b>	<b>Apologies for absence</b> The Committee is asked to receive apologies for absence.	
<b>LCCG/LBPC/17/003</b>	<b>Minutes of previous meeting, action log and Declaration of Interests</b> The minutes of the November 2016 meeting were approved as an accurate record. AH declared the following interests within	

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	<p>the past two years, relating to item LCCG/LBPC/17/010 on the agenda:</p> <ul style="list-style-type: none"> <li>• Secondment to the Diabetes Intermediate Team</li> <li>• Speaker fees received from NovoNordisk</li> <li>• Attendance at an advisory board for MSD Pharmaceuticals</li> </ul> <p>Action log:</p> <ul style="list-style-type: none"> <li>• Patient representation: The Chair has met with Healthwatch Chief Executive and has updated her on the terms of reference for the committee. Healthwatch is sighted on the LBPC agendas and is looking at how best to provide representation on the committee.</li> <li>• Insulin passport to be presented at practice nurse forum: action deferred until April 2017 when the final passport will be launched.</li> <li>• OptimiseRx Dianette message: FR confirmed the prescribing message rolled over from ScriptSwitch. Action closed.</li> </ul>	
<p>LCCG/LBPC/17/004</p>	<p><b>Care Home Pharmacist progress report</b></p> <p>The team has been expanded following a successful bid for extra funding to support medicines optimisation in care homes across Lambeth. Key objectives of the team are to support GPs in reviewing medication, de-prescribing where appropriate, reducing waste and implementing National Institute for Health and Care Excellence guidance. There are currently 9 care homes across Lambeth and reviews are in progress in all of these. New admissions to the homes are referred within 4 weeks and the team takes a proactive approach. A key performance indicator is a focus on respiratory conditions with the objective of reducing hospital admissions. Engagement with the responsible GP practice is key to success and the team are visiting practices to introduce themselves and the service.</p> <p><b>Questions/comments from committee:</b></p> <ul style="list-style-type: none"> <li>• <i>Are there resources available to support de-prescribing which could be shared for use with elderly patients in the more general population?</i></li> </ul> <p>There is a 2015 NHS Scotland guide which is based on the British National Formulary which goes through evidence/benefits etc and this could be shared.</p> <p><i>What outreach work has been done to obtain GP engagement? The Local Medical Committee (LMC) could publicise the service via their newsletter.</i></p> <p>There are a small number of practices who have care home responsibility and therefore the work has been directly with these practices. Liaison with practice pharmacists where available has also been valuable.</p> <p>There is currently work underway around care co-ordination in Lambeth/Southwark including polypharmacy. This is a good time</p>	

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	<p>to launch a framework on reviewing medicines in the elderly and it would be valuable for the Care Home Pharmacists to be sighted on this. A key aim is to review the repeat ordering process and address medicines waste. An initial audit has been done and will be repeated further down the line.</p> <p><i>Is there a link to community pharmacies?</i></p> <p>Yes the team do liaise with community pharmacies prior to audit. It is important to manage expectations of the care home staff/GP around the workload impact in community pharmacy.</p> <p>The committee thanked the team for the comprehensive update and will look forward to the next quarterly update.</p>	
<p><b>LCCG/LBPC/17/005</b></p>	<p><b>2017/18 Medicines Optimisation Plan</b></p> <p>Parts A/B: Direct Repeat Ordering of Prescriptions (DROP) and Waste management - there was a very positive discussion at the Area Prescribing Committee (APC) and all 6 South East London boroughs are either already working on at least the self-care element or are looking at taking forward, with local variations, as part of the Sustainability and Transformation Plan. There will be a joint consultation process. In Lambeth it is planned that Direct Repeat Ordering of Prescriptions (DROP) will be initiated on a phased basis. Feedback from those areas already working on this is that practice pharmacists have been valuable in taking this forward and that training of practice receptionist staff is crucial to success. Practices will also require support to manage queries and/or complaints from patients. The committee made the following comments:</p> <ul style="list-style-type: none"> <li>• The biggest issue is synchronising repeats. Is there an option to incentivise community pharmacists to assist in this? As community pharmacists work to a national contract there is no option to add local incentives.</li> <li>• It was noted that synchronisation works well where patients are receiving a small number of medications and are stable. However if a patient is acutely ill they can very quickly get out of sync.</li> <li>• Are there comparative figures on medicines waste available? The figures are national rather than local.</li> <li>• Most practices now have screens and wifi so posters are not necessarily as useful as in the past. Electronic messages should be utilised.</li> <li>• New Medicines Service figures are very low in Lambeth and a supportive plan from the Local Pharmaceutical Committee (LPC) would be valuable.</li> <li>• The percentage payment weighting figure can be reviewed when a solid plan is in place.</li> <li>•</li> <li>• Due to the extensive comments from the LMC and GP Federations a meeting will be scheduled to discuss face</li> </ul>	<p><b>Meeting with LMC to be arranged</b></p> <p><b>Email response to GP Feds</b></p>

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	<p>to face, and an email response will be provided to the GP Federations.</p> <p>Part B: Self-care: as for Part A this was subject to discussion at APC. LBPC were updated on the discussions with Public Health (PH) regarding the discontinuation of prescribing malaria prophylaxis and travel vaccines. PH has supported the proposal given that the data does not support a spike in cases of malaria if prophylaxis is not available on the NHS and the financial climate is very different then when the original decision to prescribe these on the NHS in Lambeth borough was made. However the proposal will be subject to the general consultation and engagement process with patients. If the proposal is accepted the data will be reviewed in eighteen months to assess the impact. LBPC noted that documentation should clarify that patients can still have a private prescription for antimalarials and travel vaccines. Bromley CCG is seeking legal advice on de-prescribing, including gluten free products, and all SEL CCGs will contribute to the cost of this.</p> <p>Part C: pain management will roll over from 2016/17. LMC commented that the percentage reduction on spend will negatively impact on those practices who have patients who cannot be switched. LBPC noted there is an appeals process in place to manage this and that engagement with secondary care is crucial.</p> <p>Part D Prescribing cost efficiencies: There are a smaller number of indicators within this area than previous years, including</p> <ul style="list-style-type: none"> <li>• pen needles</li> <li>• emollients for which there is new SEL guidance</li> <li>• cow's milk protein allergy – again new guidance is available</li> <li>• CVD drugs – brand to generics switches for selected drugs</li> <li>• Contraceptives – branded generics rolled over from 2016/17. LBPC agreed that the target should be reduced to 85% as it was noted that a number of patients are resistant to a change in this area.</li> <li>• Buprenorphine patches</li> </ul> <p>Part E Respiratory management: there has been some miscommunication regarding the nurse led review proposal.</p> <p>Part F Antibiotics: these are national NHS England indicators and all need to be included.</p> <p>Some work remains to be done on Parts A and B and the final draft will be circulated for Chair's action to approve next week.</p>	<p><b>Malaria data/presentation to be circulated to LBPC for final approval of proposal</b></p>
<p><b>LCCG/LBPC/17/006</b></p>	<p><b>Pain management resources</b></p> <ul style="list-style-type: none"> <li>• <b>London Opioid Safety and Improvement Group (LOSIG) Opioid patches – Safety Information Sheet - approved</b></li> <li>• <b>Faculty of Pain Medicines Opioids Aware weblink –</b></li> </ul>	

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	<p>approved</p> <ul style="list-style-type: none"> <li>Resources for general analgesics approved to be carried forward from 2016-17 – subject to minor update to costings and dates.</li> </ul>	
<p>LCCG/LBPC/17/007</p>	<p><b>Combined oral contraceptives (COC) prescribing factsheet 2017-18 - approved</b></p>	
<p>LCCG/LBPC/17/008</p>	<p><b>2017/18 Waste Management Campaign – approved to adopt the campaign material from PrescQIPP.</b></p>	
<p>LCCG/LBPC/17/009</p>	<ul style="list-style-type: none"> <li><b>Prescribing Support Dietitian Resources and Update</b></li> <li><b>Cow's Milk Protein Allergy Review Protocol (Standard Operating Procedure (SOP))</b></li> </ul> <p>A paediatric prescribing support dietitian is now in post to support practices in Lambeth and Southwark. The SOP outlines how this support will be provided. It also supports the use of the SEL guideline. Initial support will be face-to-face with follow up by dietetic app, Oviva. The dietitian will also provide education to parents and practice staff and will work closely with the GSTT allergy team. The SOP has been signed off by GSTT and was approved by LBPC for local use.</p> <ul style="list-style-type: none"> <li><b>Quick Reference ONS Product Guidance</b></li> </ul> <p>The quick reference guide includes pricing information and was approved by LBPC.</p> <ul style="list-style-type: none"> <li><b>GSTT Dietetic Standard Referral form</b></li> </ul> <p>The standard referral form was approved</p> <ul style="list-style-type: none"> <li><b>PSD Dietetic Assessment form</b></li> </ul> <p>The assessment form was approved.</p> <ul style="list-style-type: none"> <li><b>Prescribing Support Dietitian Update</b></li> </ul> <p>The reduction in spend is continuing and LBPC noted the update.</p> <ul style="list-style-type: none"> <li><b>Prescribing Support Dietitian Care Home Summary</b></li> </ul> <p>There has been a significant reduction in spend.</p>	
<p>LCCG/LBPC/17/010</p>	<p><b>Insulin Passport</b></p> <ul style="list-style-type: none"> <li><b>Implementation of Insulin Passport briefing</b></li> </ul> <p>The passport has been signed off by Southwark and is ready to go live. Read codes have been expanded and guidance on completing, checking and on patients who do not wish to carry a passport is available. For the section on listing other medications a section has been added to consult the most up to date list available. It was confirmed that it was not felt necessary to hold evening training sessions for community pharmacists as comprehensive National Patient Safety Agency information is included in the passport. Practices can order 20 passports at a time from PCSE.</p> <ul style="list-style-type: none"> <li><b>Update For GPs</b></li> <li><b>Update for Community Pharmacists</b></li> </ul> <p>Noted</p>	

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	<b>Standing Items</b>	
LCCG/LBPC/17/011	<ul style="list-style-type: none"> <li>• <b>Community pharmacy update</b> Noted</li> <li>• <b>Financial matters update</b> Spend has risen sharply due to Department of Health impact on drug prices and the predicted spend is likely to be higher for the rest of the year. There are a small number of overspending practices and the team will address this as a priority, including looking at the potential to get practice pharmacists in post at these practices.</li> <li>• <b>OptimiseRx Report including content update</b> The technical issues have been resolved and the focus is now on completing the outstanding work.</li> </ul>	
LCCG/LBPC/17/012	<b>Items for Information</b>	
	<ul style="list-style-type: none"> <li>• <b>Lambeth Medication QUIC reports Q3 2017-17</b></li> <li>• <b>GSTfT Drugs and Therapeutics Committee minutes December 2017</b></li> <li>• <b>SEL Joint Formulary Committee minutes November 2017</b></li> <li>• <b>SEL Area Prescribing Committee Minutes October 2017</b></li> </ul> <p>Noted</p>	
LCCG/LBPC/17/013	<p><b>SEL APC Items for information/local ratification</b></p> <ul style="list-style-type: none"> <li>• <b>SEL IBD Pathway revised November 2017</b></li> <li>• <b>IBD Pathway Monitoring Framework 2017</b></li> <li>• <b>RA Pathways Monitoring Framework 2017</b></li> <li>• <b>Recommendation 003 Dapagliflozin in Type 2 Diabetes withdrawn</b></li> <li>• <b>Recommendation 055 Enstilar in psoriasis</b></li> <li>• <b>Recommendation 057 Botulinum toxin in diabetic gastroparesis</b></li> <li>• <b>Recommendation 58 Insulin Glargine (Toujeo) in Type 2 Diabetes</b></li> <li>• <b>Shared care prescribing guideline Apomorphine in Parkinson's Disease</b></li> </ul> <p>Ratified for local use and upload to DXS where appropriate.</p>	
LCCG/LBPC/17/014	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• <b>Biologic Value Agreement:</b> the paper will be circulated for approval by LBPC</li> <li>• <b>AF Project outcomes:</b> the data has been analysed but is not complete. Practices will be sent the spreadsheet and asked to complete the missing data via EMIS search.</li> <li>• <b>Ebesque<sup>®</sup> XL:</b> the manufacturer has discontinued production of Ebesque<sup>®</sup> XL and LBPC are asked to approve alternative brands as the preferred branded generic. FR to check delivery history with selected pharmacies including independents before final decision made. Chairs action will be sought.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• <b>DMARDs specification:</b> LMC fed back that immunosuppressants should be included as monitoring is the same and this has been actioned. The specification will be circulated for final comments.</li> </ul>	

**2017 Meeting dates:**

Date	Time	Venue
Wednesday 29 March 2017	10.00-12.00	Room 407, 4 <sup>th</sup> Floor, 1 Lower Marsh
Wednesday 24 May 2017	10.00-12.00	Lewisham Room, 4 <sup>th</sup> Floor, 1 Lower Marsh
Wednesday 12 July 2017	10.00-12.00	Lewisham Room, 4 <sup>th</sup> Floor, 1 Lower Marsh
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