

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

**Approved Minutes of the Meeting held on 29 March 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
Iris Javaid (IJ)	Practice Nurse, Medicines Optimisation Lead
Ramesh Bhadresra (RB)	Local Pharmaceutical Committee (LPC) Representative
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Vanessa Burgess (VB)	Chief Pharmacist/Assistant Director, Commissioning
Shu Ling Man (SLM)	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 (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
Michelle Duffy (MD)	Prescribing Support Dietitian
Petra Teufl (PT)	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

No.	Agenda Item	Action for / date
LCCG/LBPC/17/015	Welcome and Introductions The Chair welcomed all to the meeting. The committee noted this is the last meeting VV will attend and extended thanks for her hard work, particularly on the integrated pharmacy and self-care projects.	
LCCG/LBPC/17/016	Apologies for absence The Committee is asked to receive apologies for absence.	
LCCG/LBPC/17/017	Minutes of previous meeting, action log and Declaration of Interests The minutes of the February 2017 meeting were approved as an accurate record. Action log: <ul style="list-style-type: none"> • Patient representation: a good dialogue has been established with the Healthwatch Chief Executive and DA will meet with her again tomorrow. There are still capacity issues at Healthwatch but it is hoped that the self-care project will mean increased engagement from patient 	

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	<p>groups during the consultation period.</p> <ul style="list-style-type: none"> Insulin passport will be presented at the Practice Nurse Forum next week. Action closed. <p>Matters arising:</p> <ul style="list-style-type: none"> Ebesque XL – FR confirmed that Sondate XL has been selected as the replacement product for Ebesque XL due to supply issues and confirmed approval via Chair's action. Communications on the change have been delivered to the relevant stakeholders. FR thanked MY for her work on the project. 	
<p>LCCG/LBPC/17/018</p>	<p>2017/18 Medicines Optimisation Plan update</p> <p>The plan will be contracted at Federation level and has been updated to reflect this. The main changes were summarised:</p> <ul style="list-style-type: none"> The Federations will be expected to achieve thresholds at CCG level and at practice level, with a minimum of 80% of practices hitting thresholds. Part A Self-care: Malaria prophylaxis and selected travel vaccines are separate indicators to facilitate monitoring of thresholds. There are no thresholds for the over the counter (OTC) element as this will be measured by practices engaging in peer review, multi-disciplinary team discussion and production of a Federation level action plan to reduce prescribing of OTC medicines. This detail of this indicator is subject to change based on the outcome of the public consultation and Governing Body decision. Part B Medicines Waste: practices to identify a named repeat prescribing champion and development of a federation level declaration. Part E Antibiotics: Federations to deliver an audit of prescribing of trimethoprim/nitrofurantoin for urinary tract infections. The narrative has also been updated to reflect the changes, subject to final refinements and alignment with the GP Delivery Contract. <p>Comments from LBPC:</p> <ul style="list-style-type: none"> RB noted that the plan would require high levels of collaboration between practices and community pharmacists. The plan and supporting resources will be circulated to contractors via the LPC. MH asked for clarification on payments to practices. In previous years the plan has been contracted directly with practices and payments have been based on list sizes/astro-pus (prescribing units). In 2017/18 payment will be received directly by the federations who will then decide how to distribute to practices A director level comment was noted that the language used was key as the self-care element could be viewed 	<p>Final version of plan to be circulated to LBPC and approved by Chair's action</p>

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	<p>as “being paid not to prescribe on the NHS”. The focus should be around practices working with patient participation groups (PPGs) to increase cost-effectiveness and maximise resources in the NHS and support patients to manage minor ailments through self-care.</p> <p>Final approval of the Scheme from all relevant committees is pending.</p>	
<p>LCCG/LBPC/17/019</p>	<p>2017/18 Resources</p> <p>Part A Self-care: DA reminded members that LBPC reports into the Integrated Governance Committee and Governing Body and noted that the self-care proposal is now in the public domain. The initial list of NHS England medicines to be reviewed has been released but there is currently no timescale for national guidelines to be produced, beyond noting that they will not be available for 2017/18. VB noted that Lambeth has already done significant work in many of the areas and that the Lambeth list of medicines is different.</p> <p>Legal advice on proposal: Bromley CCG led on behalf of South East London (SEL) obtaining legal advice on the proposal from Capsticks. The main points to note are that ultimately it is clinical judgement on the individual patient presenting that should determine if a prescription is issued and that prescribing is used to describe many prescribing related activities including giving advice on purchasing OTC medications.</p> <p>Draft equality assessment: This is a live document and will be updated as required. RP suggested that the statement around community pharmacy providing a delivery service be omitted as this is informal and can be withdrawn without notice. There are differences in provision across Lambeth.</p> <p>Engagement Plan: Sets out the 8-week consultation process and stakeholders to be consulted. There will also be a survey on the website and leaflets available to practices and community pharmacies.</p> <p>OTC prescribing data: The committee noted the wide variation in spend across practices and there was a discussion on the difficulties of ensuring communication to all prescribers especially in larger practices. DA felt the data could inform discussion with PPGs and that generally self-care discussions could help to increase diversity within PPGs. There is proposed CCG funding set aside as part of the GP Delivery Framework to support practices in discussing with their PPGs.</p>	<p>Add hubs and SELDOC to the charts</p>
<p>LCCG/LBPC/17/020</p>	<p>Part B Medicines Waste:</p>	

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	<p>Update on repeat prescribing element: SLM outlined the project to be discussed with the provider. The key points are for the provider to:</p> <ul style="list-style-type: none"> • to develop audits on repeat prescribing over and under ordering • develop resource materials for GPs and Community Pharmacists • to develop content and deliver 6 training sessions, 2 per locality for practices and community pharmacists by September 2017 • to deliver one-to-one training for practice repeat prescribing champions. It is anticipated these will be receptionists/admin staff involved in repeat prescribing administration • to provide a report to the CCG detailing efficiency savings • overall the work to be completed by December 2017 • There is no threshold attached to the repeat prescribing element and practices will be expected to provide a named champion by June 2017 and to submit a declaration at the end of the financial period. <p>Comments from LBPC: The committee were happy to support the project as outlined. It was suggested that the plan should make clear the number of meetings/training events required and who should attend.</p> <p>VB informed the committee there will also be online courses for admin staff to complete at their own pace developed by PRESCQIPP.</p>	
<p>LCCG/LBPC/17/021</p>	<p>Part C Pain Management: Buprenorphine 7 day patches prescribing factsheet: Developed to support the review and change where appropriate to Butec patches.</p> <p>Patient information leaflet: The manufacturer has produced a useful and informative booklet for patients and LBPC are requested to approve it for local use. It does not currently include information on 15microgram patch but the company has been requested to update it.</p> <p>LBPC approved the resources.</p>	
<p>LCCG/LBPC/17/022</p>	<p>Part D Respiratory Management: Fluticasone/salmeterol combination inhaler review in adult asthma and COPD prescribing factsheet: The factsheet has been developed to support the CCG funded fixed term service to deliver review of patients receiving fluticasone/salmeterol combination inhaler [high dose inhaled corticosteroids (ICS)]. The service will review patients, change where appropriate to lower potency ICS where appropriate and check adherence and inhaler technique.</p>	

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	<p>Braltus Zonda (tiotropium) inhaler device key features factsheet</p> <p>The SEL Responsible Respiratory Prescribing Group (RRPG) is reviewing Braltus Zonda with a view to adding to the SEL guidelines. The device has a 20% lower acquisition cost than devices in current use, contains the same drug and is similar to a handihaler device.</p> <p>There will also be a comprehensive training programme related to respiratory management delivered by the Integrated Respiratory team including inhaler technique workshops, delivering spirometry and interpreting results and protected learning events.</p> <p>The resources were approved.</p>	
<p>LCCG/LBPC/17/023</p>	<p>Part F Prescribing cost efficiencies:</p> <ul style="list-style-type: none"> • Combined oral contraceptives (COC) prescribing factsheet <p>The factsheet was approved at the February LBPC but there were some formatting issues. Amended and presented for information. The committee noted the revision.</p> <ul style="list-style-type: none"> • Quick Reference Cows' Milk Protein Allergy (CMPA) management • Quick reference CMPA Product Guidance • CMPA Dietitian letter of invitation • CMPA Unable to contact letter • CMPA Assessment Form <p>The resources have been developed to support the SEL CMPA guideline recently ratified at the Area Prescribing Committee. The quick reference guides provide a short 2-page summary of the guideline and the recommended products list and will be available on DXS. The committee was happy to approve them and commented that the Red, Amber, Green rating on the products, based on cost-effectiveness, was extremely helpful.</p>	
<p>LCCG/LBPC/17/024</p>	<p>Prescribing Support Dietitian (PSD) updates</p> <ul style="list-style-type: none"> • Adult <p>The adult oral nutritional supplement (ONS) spend is continuing to reduce and the PSD continues to work with practices to ensure appropriate quality and cost-effective prescribing is maintained.</p> <ul style="list-style-type: none"> • Paediatric <p>In addition to developing the CMPA resources PT has also developed a patient survey. Practice visits are continuing.</p>	
<p>LCCG/LBPC/17/025</p>	<p>Service Specification: Lambeth CCG Prescribing and Monitoring of Stable Patients (over the age of 16 years) on Disease-Modifying Anti-rheumatic Drugs (DMARDs) and Certain Immunosuppressants</p> <p>SLM presented the revised specification which has been widened to include certain immunosuppressants and all relevant clinical</p>	

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	<p>conditions. The scheme is to be contracted via the Federations and the wording will be revised to clarify this. Around 50% of practices have taken up the 2016/17 scheme and there is a need to encourage more practices. RP noted that where there is no formal shared care in place it is critical for the discharge letter to include the key elements of shared care such as monitoring requirements, follow-up and service contact details. The specification was approved subject to the revision around federation contracting.</p>	
<p>LCCG/LBPC/17/026</p>	<p>Patient Group Direction (PGD) to be used by registered nurses/midwives in sexual & reproductive health services (BROOK):</p> <ul style="list-style-type: none"> • For the supply and administration of: subcutaneous lidocaine hydrochloride injection bp 1% w/v to facilitate subdermal implant insertion and/or removal • For the supply and insertion of etonogestrel subdermal implant • For the supply and administration of intramuscular medroxyprogesterone acetate (Depo Provera®)(DMPA) injection <p>The PGDs have been revised by the London Sexual Health PGD Working Group to update staff characteristics and the national eligibility criteria for contraceptive use. LBPC was happy to give a clinical recommendation for Local Authority (LA) approval. The PGDs will now be sent to the LA for final ratification.</p> <ul style="list-style-type: none"> • For the supply and insertion of levonorgestrel 13.5 mg, progestogen only intrauterine delivery system (IUS) (Jaydess®▼) • For the supply and insertion of subcutaneous medroxyprogesterone acetate (Sayana Press®) (MPA) injection • For the supply and insertion of levonorgestrel 52mg, progestogen only intrauterine delivery system (IUS) (Mirena®) by • To supply for individuals to self-administer subcutaneous medroxyprogesterone acetate (Sayana Press®) (MPA) injection <p>These are new PGDs for use by the Brook Clinic in Lambeth. Brook Clinic is currently training nurses to supply and administer the products. LBPC was happy to give a clinical recommendation for LA approval. The PGDs will now be sent to the LA for final ratification.</p>	
	<p>Standing Items</p>	
<p>LCCG/LBPC/17/027</p>	<ul style="list-style-type: none"> • Community pharmacy update <p>Community pharmacies are dealing with the impact on staffing and resources due to the cuts to payments. Health Checks have been decommissioned in Lambeth along with Minor Ailments in some pharmacies. Changes to smoking cessation may also have an impact. Medicines Use reviews and the New Medicines Services are still in place. LPC will be meeting with Lambeth, Southwark and Lewisham CCGs/LAs to discuss future plans.</p> <ul style="list-style-type: none"> • Practice Pharmacist update <p>The outcome of the NHSE funding bid is pending.</p>	

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	<ul style="list-style-type: none"> • Financial matters update The CCG is still reporting an anticipated underspend at the end of the financial year. The self-care work and the federation contracting will both be helpful in addressing overspending practices in the coming financial year. RP noted that as the majority of practices are underspending it might be a good idea to think about how to respond to questions over the need to reduce spending in the coming self-care consultation. VB noted that the 2017/18 prescribing budget will be challenging. The committee also noted that a significant number of prescribing miscodings have been found this year possibly exacerbated by the backlog of GP registrations at Primary Care Support England/Capita. • OptimiseRx report FR presented the month 11 update showing that savings have stabilised at around £18,000 per month and the software is showing a good return on investment. Offer rates are in line with national figures. IJ queried if practices were penalised where quality prescribing is in place and therefore OptimiseRx messages are not triggered. OptimiseRx is a tool to help practices and there is no penalty involved. 	
LCCG/LBPC/17/028	Items for Information	
	<ul style="list-style-type: none"> • Patient Information Leaflet – Safer use of insulin • Guy’s and St Thomas’ NHS Foundation Trust Drugs and Therapeutics Committee minutes February 2017 • SEL Area Prescribing Committee Minutes January 2017 (Draft) <p>All items were noted.</p>	
LCCG/LBPC/17/029	<ul style="list-style-type: none"> • Adult Red Amber Grey List • Proprotein convertase subtilisin/kexin type 9 (PCSK9) Inhibitors Prescribing Guidance • Calculating creatinine clearance for direct oral anticoagulants (DOACS) • Emollients Guideline • Emollients Patient Information Leaflet • Emollients template letters • Management of Cow's Milk Allergy • Vitamin D deficiency in adults • Recommendation 058 insulin glargine (Toujeo) Type 2 Diabetes <p>All items were ratified for local use and upload to DXS where appropriate.</p>	
LCCG/LBPC/17/030	<p>AOB</p> <p>MH raised the issue of pharmacists who wish to undertake the independent prescribing course being unable to find a GP willing to supervise/mentor them. FR reported there are London wide discussions to agree a strategy which will tie in to service requirements.</p>	

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	LMC have asked about remuneration for the rollout of insulin passports. This is related to a National Patient Safety Alert issued in 2011 and implementation has been delayed. There is no remuneration attached.	

2017 Meeting dates:

Date	Time	Venue
Wednesday 24 May 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 12 July 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 20 September 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 15 November 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh