

**South East London Area Prescribing Committee (SEL APC)
28 June 2018 at Lower Marsh
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 2018/19.

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

The minutes of the March meeting were accepted as an accurate record.

Matters arising

- Committee governance arrangements: Reporting arrangements for the SEL APC are confirmed as reporting to the Sustainability and Transformation Plan (STP) led Clinical Programme Board (CPB). This arrangement will be reviewed after one year. Quarterly updates of the APC work plan will be submitted to the CPB.

Action log:

- Community Pharmacy representation: there was a suggestion that the Bromley, Bexley and Greenwich Local Pharmaceutical Committee representative is now covering the whole SEL area. This will be confirmed by the Lewisham CCG representative.
- Ophthalmology pathway: the action to develop pathway costings will be transferred to the Medicines and Pathways Review Group (MPRG) action log.

Membership update

NK who has represented Lewisham and Greenwich NHS Hospital Trust for a number of years on the Committee has sadly decided to step down from the APC. Members were unanimous in extending thanks to NK for his hard work on the Committee's behalf and in wishing him good luck for the future. AR has joined the Committee as clinical representative on behalf of Kings College Hospital NHS Foundation Trust. AR sent apologies for today's meeting and members look forward to welcoming him at the next meeting.

4. Quarterly review of the APC Workplan

- Low value medicines and over-the-counter medicines: The SEL working group has reviewed the first batch of leaflets developed by Prescqiip and these will be submitted to the July MPRG for approval.
- Medicines waste: currently scoping out the repeat prescribing programmes available. The training will be done at an individual CCG level as a combined SEL programme has proved too expensive.
- Stoma/catheters: currently scoping data etc. and a project plan will be developed and presented at a future APC
- Immune thrombocytopenic purpura (ITP) pathway: draft pathway out for comments to the ITP group members. This will be followed by a wider consultation across SEL. The completion date is extended to September 2018

- Pain management: an update will be provided by email including an updated completion date
- Paediatric Red Amber Green list: draft to be circulated once available
- Antimicrobial stewardship: templates for local adaptation and resources will be presented for approval at MPRG in July.
- Implementation of best value adalimumab: see later on agenda
- Chronic urticaria pathway: in progress and the completion date is extended to October 2018
- Hyperhidrosis pathway: approved by MPRG pending minor amendments
- Emollients guidelines have been updated

5. Progress with implementation of guidance from NHS England on:

- **Low value medicines/ Over-the-counter medicines**

The first batch of guidance has been approved and released. The second batch will be submitted to July MPRG. The guidance on mental health drugs and lidocaine patches will be submitted to August MPRG. It was confirmed that the resources will be shared with acute trusts once available and that the core list of over-the-counter medicines will be uploaded to the APC website once the resources are available.

6. Biological drug treatment pathway for psoriasis and pathway monitoring framework

The pathway has been reviewed and approved by MPRG subject to some amendments. The final revised draft is submitted for ratification. Adalimumab is first line, with ustekinumab as second line where the first line option is not appropriate. The monitoring framework has been amended to specify the percentage of biologic naïve patients initiated on adalimumab.

MPRG requested that the algorithm refer to biosimilars use. However the consensus of APC is that this should be reworded to reflect that the best value preparation be used, in light of the current lack of clarity on biosimilar adalimumab. The pathway was approved subject to clarification that B* forms will be required for initiation of biologics in pustular psoriasis. It was also suggested that it would be helpful if the “Practice Points for Primary Care” sheet is re-titled to “practical points for primary care” and, if possible, appended to the patient discharge letter. Frequency of monitoring framework updates is to be confirmed but will be via the pathway group.

Pending the minor amendments, the Committee was happy to ratify the pathways and framework.

ACTION: Authors to amend pathway and share with APC support team.

7. South East London implementation plan for flash glucose monitoring

Flash glucose monitoring measures interstitial glucose levels and the currently available technology was added to the Drug Tariff in November 2017, making it prescribable on the NHS. Following extensive consultation across SEL organisations, the APC are requested to agree the model for the implementation of flash glucose monitoring. There are 3 categories of patients with Type 1 diabetes for which the strategic clinical network for diabetes and the London Procurement Partnership (LPP) recommends use of flash glucose monitoring:
(i) those on multiple doses of insulin who are testing at least eight times per day (aim is to decrease doses by at least eight per day at which point it becomes cost neutral);

- (ii) those with poor glycaemic control and are being considered for an insulin pump
- (iii) those who are unable to test themselves.

An implementation group was set up as a sub-group of the Diabetes Medicines Working Group and met on May 24th and the resulting proposed options for the implementation plan are attached. The outline of treatment is for secondary care to identify suitable patients, provide training on use of flash glucose monitoring and to review treatment to assess the outcome in around 4-5 months and decide if it should be continued.

Two options have been proposed:

Option A: Follow the Strategic Clinical Network (SCN/LPP) guidance - The initial 2 months' prescribing and supply will be from the hospital followed by transfer of care to primary care.

Option B: Initial training via diabetes specialist team, review in first 6 months through the specialist team and then transfer to the GP at 6 months. A locally agreed tariff will need to be developed for secondary care. Roll out would need to be in a controlled and phased way and it was noted that it is key that patients will be seen as part of routine appointments. The current implementation plan looks at adult patients only. An action plan has been included in the paperwork. If this is the preferred option, the SEL Integrated Contracts Delivery Team and Commissioning Support Unit Acute Contracting team will need to pick up discussions with the trusts, following a formal request from the APC.

The Committee was asked to approve either option A which follows the LPP model, or option B which has been adapted locally. The Committee approved Option B.

ACTIONS:

- **Trusts to supply paediatric patient numbers**
- **Letter to SEL Integrated Contracts Delivery Team to be drafted**

8. South East London approach to implementing best value biologic choice for adalimumab

Adalimumab loses exclusivity in October 2018 and a number of biosimilars will come on to the market at that time. The expectation is that the price will fall around 40/50%. This is a significant development for the NHS given the high patient numbers for treatment with adalimumab across gastroenterology, dermatology and rheumatology. The originator of adalimumab has indicated that they plan to compete with a significant price reduction. It is proposed to develop a scenario planner with input from all specialities and CCGs, to facilitate decision making in October 2018, when prices are confirmed. Medicines Information at Guy's and St Thomas's NHS Foundation Trust is undertaking a review of biosimilar products. Respective commissioners will need to take forward discussions with their Trusts and discussion will also be held through the pathways groups for rheumatology, dermatology and gastroenterology. Regular briefings are being provided by NHS England to support implementation. Patient choice will also be an important factor.

9. South East London Interface Prescribing Policy

The policy has been reviewed in line with NHS England guidance and the following amendments have been made:

- Trusts to notify the GP in a timely fashion of any prescribing changes
- Statement regarding early access schemes added to clarify process

The interface policy was approved with a review date of March 2020.

10. The work of the Planned Care Programme

A presentation outlining the work of the SEL Planned Care Programme was given to the Committee. The programme works across the 6 CCGs and manages the acute contracts and leads on planned care. The programme focus is currently around increasing demand, with rising referrals, versus lack of capacity within the trusts. One of the NHS Operating Plan objectives is to halve the number of patients waiting for 52 weeks for treatment and to reduce non-value adding referrals by cutting out duplication and unnecessary steps. There are two planned care Boards, the first for Lambeth, Southwark and Bromley and the second covering Bexley, Greenwich and Lewisham. The Boards have representation from both commissioners and providers and they don't focus on the same areas. The Boards are looking at increasing support to GPs to reduce the need for secondary referrals, using systems such as Consultant Connect and Visual DXS. The programme recognises it is key to involve the APC and local CCG Medicines Optimisation teams from the outset of any project/pathway development work. There is an existing link between the Medicines and Pathways Review Group via one of the Co-Chairs who is part of the Ear, Nose and Throat group and the APC is keen to build on this. Members asked if mental health is part of this programme, the presenter confirmed that mental health is not part of the scope currently. Going forward it was suggested that nominations are sought for input in specific areas/pathways.

11. Good news feed: Repeat prescribing initiative

A representative from the Medical Protection Society (MPS) attended the meeting to present on a repeat prescribing initiative involving Lambeth CCG practices. There have been two journal papers published about the outcomes of this work, most recently in the Quality in Primary Care journal (May 2018). The initiative was comprised of 3 workshops in October 2014 attended by a clinician and prescribing clerk from each practice. This was followed by a risk assessment visit to each practice. Following the assessment an online report was produced for each practice. The practice then produced an action plan to reduce the risks identified and documented the MPS recommendations actioned. Practices were incentivised via the Medicines Optimisation Scheme. Practices were benchmarked against their peers using anonymised data. The objective was to reduce the practice risk score by 80%. MPS also made second face-to-face visits to those practices requiring extra support and provided telephone support for the others. Overall Lambeth practices reduced their risk score by 88% with 24 practices achieving 100% reduction.

12. Items for information/ratification:

- NICE Technology Appraisal Summary June 2018
- Medicines and Pathways Review Group notes March-April 2018
- Regional Medicines Optimisation Committee updates:
- Midlands and East summary of discussions April 2018
- Position Statement: Access to pan-regional antidotes and other rarely used medicines
- Recommendation: Standardising strengths of high risk, unlicensed oral liquids formulations for anti-Tuberculosis medicines.

New guidance

- Enoxaparin Prescribing Guidance
- Anal Fissure Treatment Pathway
- Treatment of Wet Age-Related Macular Degeneration, Diabetic Macular Oedema, Central Retinal Vein Occlusion and Branch Retinal Vein Occlusion
- Pathway for the Management of Papulopustular Rosacea

Guidance on NHS England items not for routine prescribing in primary care

- Patient information: changes to coproxamol prescribing
- Unlicensed Co-proxamol (dextropropoxyphene and paracetamol) Prescribing Factsheet
- Patient information: Changes to prescribing of prolonged-release doxazosin
- Doxazosin review - prescribing fact sheet
- Patient information: Changes to glucosamine and chondroitin prescribing
- Patient information: Changes to herbal treatment prescribing
- Patient information: Changes to homeopathic remedy prescribing
- Patient information: Changes to once-daily tadalafil prescribing
- Patient information: Changes to perindopril arginine prescribing

Updated guidance:

- Emollient guidance for adults and children
- Emollients Patient Information Leaflet
- Rheumatoid Arthritis Drug Treatment Pathway
- Seronegative Spondyloarthritis Drug Treatment Pathway
- Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus
- RIFAXIMIN- α (Targaxan®) for preventing episodes of overt hepatic encephalopathy in adults Screening Checklist and Notification of Initiation to GP

New Medicines Recommendations:

- Recommendation 080 Oestrogen gels in menopause (green)
- Recommendation 081 Botulinum toxin type A injection for the treatment of posterior and anterior anal fissure (red)
- Recommendation 082 (Efracea for the treatment of papulopustular facial rosacea in adults (green)
- Recommendation 083 Soolantra for treatment of papulopustular facial rosacea (green)

All items for information noted

13. AOB

- Valproate Pregnancy Prevention Programme: a discussion on the SEL approach will take place at the June Medicines and Pathways Review Group. CCG leads have been requested to clarify patient numbers using a consistent age range of 0-60 years. Guidance is to be developed for GPs on the review process, including prioritization and the focal epilepsy pathway will be updated.

2018 meetings:

Date	Time	Venue
7 th November 2018	2.00pm-4.00pm	Lewisham/Greenwich Room, 1 Lower Marsh