

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

**Minutes of the Meeting held on 24 May 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
Shu Ling Man (SLM)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Michelle Duffy (MD)	Prescribing Support Dietitian
Rebecca Broklehurst (RB)	Paediatric Prescribing Support Dietitian
Irene Akladious (IA)	Integrated Care Pharmacist
Kath McPherson	Business Support Officer (minutes)

**Apologies**

Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Maria Yousif (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist

No.	Agenda Item	Action for / date
LCCG/LBPC/17/031	<b>Welcome and Introductions</b> The Chair welcomed all to the meeting and a round of introductions followed.	
LCCG/LBPC/17/032	<b>Apologies for absence</b> The Committee is asked to receive apologies for absence.	
LCCG/LBPC/17/033	<b>Minutes of previous meeting, action log and Declaration of Interests</b> There were no interests declared in relation to the agenda items. The minutes of the March 2017 meeting were approved as an accurate record. Action log: <ul style="list-style-type: none"> <li>• Patient representation: a good dialogue has been established with the Healthwatch Chief Executive and DA is liaising on agenda items where appropriate. Capacity issues at Healthwatch are ongoing.</li> <li>• Insulin passport: Action closed.</li> </ul>	

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<p>LCCG/LBPC/17/034</p>	<p><b>2017/18 Medicines Optimisation Scheme update</b>            The final version of the scheme was presented to the Committee. It has been confirmed that contracting will be at individual practice level, rather than at Federation level. The committee were asked to note the following changes:</p> <ul style="list-style-type: none"> <li>• The generic cardiovascular drugs indicator has been removed as the latest prescribing data shows that practices are already achieving 100% on this.</li> <li>• The doxazosin indicator from the 2016/17 scheme has been carried forward as Lambeth spend on this drug remains significantly high and it is included in the NHS England consultation on drugs of limited clinical effectiveness.</li> <li>• Wording in the scheme and supplementary narrative has been updated to reflect the change in contracting level.</li> </ul> <p>The scheme was made available at the GP Delivery Framework launch event on 18 May and attracted a lot of interest from attendees. The scheme will be circulated to practices in the next week. The majority of the resources and searches are ready and will be uploaded to the Medicines Optimisation resource page in due course. This excludes resources for the self-care element as the outcome of the consultation will not be known until July 2017.</p> <ul style="list-style-type: none"> <li>• <b>Launch events planning</b></li> </ul> <p>A draft programme for the events was reviewed by the committee and attendance by LBPC GP members was confirmed as follows:</p> <ul style="list-style-type: none"> <li>• 22 June – DA</li> <li>• 27 June – LW</li> <li>• 13 July - SK</li> </ul> <p>The events will cover the main topics of the 2017/18 scheme with a focus on self-care. To maintain consistency in message the Commissioning Pharmacists will develop the GP presentation element for the events.</p>	<p><b>Plan to be circulated to practices JS</b></p>
<p>LCCG/LBPC/17/035</p>	<p><b>Self-care consultation update</b>            The consultation period has been extended until 23 June due to the pre-election period of purdah. The Sustainability and Transformation Plan (STP) public engagement event has been postponed for the same reason and will now take place on 22 June 2017. 104 responses to the survey have been received to date, with a majority of responders agreeing with the proposed changes. There have been more concerns raised regarding the changes in prescribing for antimalarials and travel vaccines than to the self-care medicines. It was also noted that the majority of responders to date have been categorised as “white British”. It is hoped that the STP event and promotion after purdah has ended will encourage more responses from black and ethnic minority (BME) categories. The Chair will feed this back to</p>	

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	<p>Healthwatch.</p> <p>Questions/comments from the committee:</p> <ul style="list-style-type: none"> <li>• <i>What constitutes a good level of response?</i></li> </ul> <p>Difficult to quantify but the recent consultation on closing the walk-in centre received 300-400 responses.</p> <ul style="list-style-type: none"> <li>• <i>Can the responses be shared at the launch events?</i></li> </ul> <p>Potentially a summary of responses so far could be shared and JS will confirm this with the Patient Engagement Manager/ Communications Team.</p> <ul style="list-style-type: none"> <li>• <i>Is the proposal potentially unfair and likely to result in inequalities?</i></li> </ul> <p>Self-care medications will not be banned and GPs will continue to be free to exercise clinical judgement when prescribing, based on the individual patient. The definition of prescribing is wider than just giving medicines directly, covering providing advice and guidance on how to self-manage minor illnesses that will resolve on their own. Patient education is a central part of the proposals.</p> <ul style="list-style-type: none"> <li>• <i>Would it be better to wait for national guidance on self-care medicines?</i></li> </ul> <p>National guidance from NHS England would be ideal but their consultation process is running at a different timescale to our requirements. Lambeth CCG has substantial Quality, Innovation, Productivity and Prevention savings to deliver for 2017/18 and it was considered preferable to move ahead now with the proposal, rather than waiting for any national guidance. It should be noted that the six South East London CCGs are all moving ahead with similar proposals although with different timetables.</p> <ul style="list-style-type: none"> <li>• <i>Thinking of those people who may not be able to afford to buy self-care medicines does anyone know if food banks supply items like this?</i></li> </ul> <p>Anecdotally members confirmed that some food banks do supply things like toilet rolls and female sanitary products. This can be explored further.</p> <ul style="list-style-type: none"> <li>• <i>One GP member expressed a concern around restricting hay fever medicines as this is a chronic condition.</i></li> </ul> <p>The outcome of the initial proposal, if approved by the CCG Governing Body, will inform future practice.</p> <ul style="list-style-type: none"> <li>• <i>What support is available to individual GPs where the proposed changes result in a patient complaint?</i></li> </ul> <p><b>Post meeting note added to clarify the patient complaints process (extract from NHS England email):</b>  <i>Patients can complain to the practice or NHS England. Some patients would complain to both.</i></p> <p><i>Some patients may complain to NHS England directly if they don't feel comfortable complaining directly to the Practice, or feel</i></p>	

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	<p><i>it is not appropriate, or are not happy with the practices response.</i></p> <p><i>In any event when the Complaints Team receives a patient complaint, they would contact the practice to find out if they are aware or have responded to the complaint. If they have responded the Complaints Team would not re-investigate the case. The patient would be referred to the Ombudsman. If the practice has not responded or aware of the complaint the Complaints Team would investigate and respond.</i></p> <p><i>If patients are dissatisfied with the outcome of their complaint resolution by the Practice or NHS England, they may contact the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government.</i></p> <ul style="list-style-type: none"> <li>• <i>What would a patient education plan look like?</i></li> </ul> <p>There are ideas around campaigns etc but these will not be fully developed until the outcome of the consultation is known.</p> <ul style="list-style-type: none"> <li>• The LPC representative noted that community pharmacies receive a quality payment for respiratory reviews and this could provide some support for GPs. There is also the potential to extend to other therapeutic areas.</li> </ul>	
<p><b>LCCG/LBPC/17/036</b></p>	<p><b>Reducing waste in repeat ordering of prescriptions update</b></p> <p>It was agreed to link up with the work being undertaken through care co-ordination, focusing on patients with long term conditions. These patients are already having and review of medicines is included in this. Practices will be asked to quantify savings from reducing medicines waste for these patients. The detail of how and what to measure is still being worked up and members were encouraged to input ideas on how this could work.</p> <p>Comments/suggestions from the committee:</p> <ul style="list-style-type: none"> <li>• The key message is to sync repeat prescribing and the electronic prescribing system (EPS) is central to this.</li> <li>• Linking in with community pharmacists essential, particularly regarding medicines compliance aids.</li> <li>• Deprescribing should be considered where appropriate</li> </ul> <p>A key component of the indicator will be educational events for practice staff involved in repeat prescribing. It will be valuable to have mixed attendance at the events with both practice staff and community pharmacists (CPs) attending together and timing of events will need to be appropriate to ensure attendance. DA noted this was successful for the local care network event held in the evening.</p>	
	<p><b>Resources for approval</b></p>	
<p><b>LCCG/LBPC/17/037</b></p>	<p><b>Part C: Pain management</b></p> <ul style="list-style-type: none"> <li>• <b>“Brainman stops his opioids”</b></li> </ul>	

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	The Committee viewed the above YouTube video and approved for upload to the Medicines Optimisation resource page to it. There is a whole series of these videos and the Committee suggested a link to these would be useful. There is advice and guidance on the electronic referral system to source advice from the pain specialists without an actual referral. We are also looking to hold an educational event, delivered by the pain specialists. The indicator covers all analgesics but practices will be free to decide which element of pain prescribing they wish to focus on.	
<b>LCCG/LBPC/17/038</b>	<p><b>Part F: Prescribing cost efficiencies</b></p> <ul style="list-style-type: none"> <li>• <b>Doxazosin review – prescribing factsheet</b> Footers have been updated No clinical changes were required since development in 2016/17. Approved.</li> <li>• <b>Omega-3 fatty acid and other fish oil supplements review – prescribing factsheet</b> Footers have been updated No clinical changes were required since development in 2016/17. Approved.</li> <li>• <b>Yasmin prescribing factsheet</b> Approved subject to amendment of typo in “cost of” box. The Committee noted that there are currently supply problems with Yacella®. It was also noted that it has proved particularly difficult to persuade patients to change contraceptive brands. Yasmin® is not on the formulary and advice to practices is not to initiate any new prescribing for patients. The Committee also discussed that the national restriction on providing private prescriptions where a medicine cannot be provided on the NHS should be reviewed.</li> </ul>	
<b>LCCG/LBPC/17/039</b>	<p><b>Department of Health (DOH) consultation on the availability of gluten free foods on prescription in primary care</b></p> <p>Committee members agreed that the consultation information should be emailed to individual practices to encourage them to feed back their views on the options to DOH directly.</p>	
<b>LCCG/LBPC/17/040</b>	<p><b>Prescribing Support Dietitian (PSD) update</b></p> <ul style="list-style-type: none"> <li>• <b>Adults</b> A new band 6 PSD is in post and focusing on care homes. The total spend on adult oral nutritional supplements continues to reduce in Lambeth.</li> <li>• <b>Paediatrics</b> 17 practices have been visited to date and 174 infants prescribed cow’s milk protein allergy products reviewed. Positive feedback from parents has been received on the Oviva app. GP practices have also been very positive about the support and education offered by the PSD.</li> </ul>	
	<b>Standing Items</b>	
<b>LCCG/LBPC/17/041</b>	<ul style="list-style-type: none"> <li>• <b>Community pharmacy update.</b> RP reported on a shortage of olanzapine. It is not clear at this</li> </ul>	

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	<p>stage if this is to be a long-term issue and RP will continue to update the Committee as necessary. DJ reported that the judicial review on the DOH consultation on community pharmacy efficiency savings although critical in part has not overturned the decision. The smoking cessation service is being completely revised and DJ made a request to extend the current varenicline Patient Group Direction (PGD) until March 2018 in light of this. However the PGD is currently being updated and the requirement remains that contractors must demonstrate competency to provide the service via online training. LBPC provides a recommendation to the local authority on the clinical content of the PGDs, as local authority has responsibility for commissioning smoking cessation services and ratifying any associated PGDs. It was suggested that the issue be discussed with the Staying Healthy Board.</p> <ul style="list-style-type: none"> <li>• <b>Practice Pharmacist update</b> A steering group is to be set up to implement the project.</li> <li>• <b>Financial matters update</b> All localities were underspent at the end of 2016/17 and the prescribing budget as a whole showed a 3% underspend.</li> <li>• <b>OptimiseRx report</b> There is no update to report since the March meeting.</li> </ul>	
<b>LCCG/LBPC/17/042</b>	<b>Items for Information</b>	
	<ul style="list-style-type: none"> <li>• <b>Lambeth medication Quality alerts, incidents and commendations (QUIC) reports Q4 201/17</b></li> <li>• <b>Guy's and St Thomas's NHS Foundation Trust (GSTfT) Drugs &amp; Therapeutics Committee minutes April 2017</b></li> <li>• <b>South East London Joint Formulary Committee (SEL JFC) minutes March 2017</b></li> <li>• <b>South East London Area Prescribing Committee (SEL APC) minutes March 2017</b></li> </ul> <p>All items for information were noted.</p>	
<b>LCCG/LBPC/17/043</b>	<p><b>Request for authorisation to continue medicines or change dose/frequency</b></p> <p>The form has been developed by the Integrated Care Pharmacists to support the district nurse (DN) service. It is designed for use with medications which are prescribed to be taken "as directed" particularly insulin. The aim is to ensure that DNs have enough information to give medications at the correct dose. DNs will complete the form and forward to the GP, who will then confirm the dose or adjust as appropriate. The form supplements the local care record as this cannot be printed and placed in the patient's notes. Currently DNs communicate by email using free text and the form will ensure that information is given in a consistent format. The Committee noted there was a</p>	

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	<p>requirement for the GP to sign the form and requested that electronic signature via individual nhs.net account be accepted. IA confirmed this was acceptable and the form was approved. It will now go through the GSTfT internal governance process.</p>	
	<p>SEL APC items for information/local ratification</p>	
<p><b>LCCG/LBPC/17/044</b></p>	<ul style="list-style-type: none"> <li>• Primary &amp; Secondary Care Inflammatory Bowel Disease (IBD) Pathways revised May 2017</li> <li>• Shared care prescribing guidance: Azathioprine &amp; Mercaptopurine in IBD</li> <li>• HPV vaccine for genital warts treatment pathway</li> <li>• Recommendation 054 HPV vaccine in genital warts</li> <li>• Restless legs syndrome (RLS) GP information sheet</li> <li>• RLS treatment pathway</li> <li>• RLS patient information leaflets</li> <li>• Recommendation 060 Pregabalin &amp; gabapentin in RLS</li> <li>• Recommendation 061 Clonazepam in RLS</li> <li>• Recommendation 062 Opioids in RLS</li> <li>• Blood glucose control pathway revised May 2017</li> <li>• Glucagon-like peptide (GLP-1) analogue treatment pathway</li> <li>• GLP-1 analogues transfer of care</li> <li>• South East London Red, Amber, Green List revised April 2017</li> <li>• Recommendation 063 Pitolisant in Narcolepsy</li> <li>• Recommendation 064 Clonidine in dystonia</li> </ul> <p>All items were ratified for local use and upload to DXS.</p>	
<p><b>LCCG/LBPC/17/045</b></p>	<p><b>AOB</b></p> <p>Medicines Update – prescribing ISO compliant blood glucose testing strips</p> <p>LBPC were asked to approve the above update for circulation to prescribers. The memo details the non-compliant blood glucose testing meters which will be taken off the market on 30 June 2017. There is an EMIS search available to identify patients being prescribed the non-compliant meters. The update was approved subject to comment from the Diabetes GP Lead.</p>	

**2017 Meeting dates:**

Date	Time	Venue
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