

**South East London Area Prescribing Committee (SELAPC)  
30 March 2017 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 2017/18.

**ACTION: Declaration of interest form to be circulated for 2017/18 refresh**

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

The minutes of the January meeting were accepted as accurate.

**Matters Arising:**

There were no matters arising.

**Action log:**

- Intra-vitreous ophthalmology drug pathways: the final draft is ready and will be submitted to the Medicines and Pathways Group (MPRG) pending costings being made available.
- Inflammatory Bowel Disease and Rheumatoid Arthritis pathway monitoring frameworks: ongoing
- SEL Sustainability and Transformation Plan (STP): item on today's agenda

**4. Outcomes from the SEL Inflammatory Bowel Disease (IBD) Pathway**

• **King's College Hospital (KCH)**

The background to the development of the IBD pathway was outlined to the committee, including the focus on patient engagement. The key points were:

- Biologics spend is half of the total service budget
- The service has saved £799,000 on anti-tumor necrosis factor (TNFs) in the reporting period, largely driven by the switch to biosimilar drugs
- The savings enabled the appointment of an additional specialist nurse for a fixed term.
- Specialist nurses in post are a key driver of reducing admissions
- A helpline has also been established for patients in crisis
- Average length of hospital stay has reduced from 5.4 days to 1.3

The presenter noted that a business case for an additional permanent specialist nurse has been approved and is pending recruitment.

**Questions from APC:**

- *Was the development outcome fed back to the patients who participated in the engagement event and is there an intention to repeat the event?*

The pathway development was fed back informally to the KCH patients. Resources and capacity impact on the ability to hold such events. However the group continues to meet and is looking at other models of care which could improve access, particularly for urgent referrals.

- **Guy's and St Thomas's Hospital (GSTT)**

The programme to switch patients to biosimilars at GSTT has been completed successfully, with 165 patients being switched within 10 weeks. The programme has been a success with only 2 patients reporting possible allergic reactions. These have been reported to the Medicines and Healthcare Regulatory Agency and the patients are being monitored.

Questions from APC:

- *Some patients appear to have experienced a worsening disease score – why is this?*

This will be monitored and reviewed but is not outside of expectations that some patients will experience a temporary worsening of their disease score.

**ACTION: Presentation and outcome data to be circulated to APC when available**

## **5. Update on the Mental Health Quality Improvement programme, including algorithm for treating schizophrenia**

South London and Maudsley Mental Health Trust (SLAM) and Oxleas, in collaboration with the South West London Mental Health Trust, have been developing plans to contribute to STP work across the sector. The initial focus is to be on schizophrenia to address the challenges of non-adherence of and resistance to treatment.

The aim to reduce non-adherence will be managed by a drive to switch more patients from oral antipsychotics to depot injection. Patients on oral medication and depot injections and their carers were surveyed and the overall majority were in favour of depot injections. Treatment resistance will be managed by switching patients to clozapine where appropriate, which is proven to reduce hospital admissions. The long term aim is to have around 30-40% of patients on oral medication, 40% on clozapine and the remainder on depot.

To support the programme a Darzi fellowship has been applied for and baseline data is being collected. There will be a patient and clinician education programme as one of the identified barriers to patients receiving these treatments is that they are not being offered and patients are not aware of them. Patient and carer advocates will be identified. A simple algorithm has been developed. However it was noted that clozapine cannot currently be prescribed in primary care. It is anticipated that a successful outcome to the project will free up resources and capacity for further work.

### **Questions from APC**

- *Is the side effect profile of clozapine similar to other antipsychotics*

The presenter confirmed this was the case

- *Who administers the injections in the community?*

The community psychiatry nurse (CPN) administers

- *Why the preference for clozapine?*

Clozapine is the preferred option for patients resistant to treatment due to its comparative efficacy. Generally olanzapine is effective but has a high liability of causing weight gain and increased risk of Type 2 diabetes.

- *Is there data from relatives/carers on how clozapine works in comparison to other medications?*

There is research available from several years ago and it is hoped to add to it.

Keys points from discussion:

- There is an issue with follow-up of patients who do not attend for their depot injections and there will need to be a robust support system for practices. The local care record will be of help although it is noted that currently a technology glitch means that SLAM information is not seen.
- Lambeth has a step-down service called GP+ which is incentivised for practices.
- When patients are discharged to the GP this generally works well when they stay in the same area. However they can get lost in the system if they move to a different area. There is a need for secondary care follow-up to be in place.

## **6. SEL Sustainability and Transformation Plan –medicines related aspects:**

There is now a national debate around self-care and the 6 SEL Clinical Commissioning Groups (CCGs) continue to progress in this area albeit at different paces. There will be a common communications and engagement pack developed by the Commissioning Support Unit (CSU).

Greenwich has launched their scheme, and the Lambeth 8 week consultation period commences on 3 April and will feed into the national debate. Bromley and Bexley will follow a similar timetable

There was a discussion around waiting for the national guidance to be available as some members of the committee felt there was a risk in having 6 different versions of the project. However the national work is likely to take a year to develop and there are Quality, Innovation, Productivity and Prevention (QIPP) delivery requirements for 2017/18 which make an early start imperative. There is a core list of medicines which all 6 CCGs will most likely adopt but there will also be local differences. It is also essential to include acute trusts in discussions.

A meeting with the community based care (CBC) productivity workstream has been arranged for 6 April and will review plans for duplication.

**ACTION: Core list of areas to be circulated to CCG leads for agreement and then to be shared with trusts**

- **Repeat Prescribing – Luton model**

The CCGs will not be progressing the Luton model

- **Repeat Prescribing – training resource**

A training resource for use across SEL will be developed.

- **Stoma, continence resource pack**

The review identified a lack of potential savings in the Rotherham model and it will not be progressed via STP at individual CCG level. However there is scope for some APC level work as there are issues around GPs being unfamiliar with the products available.

## **7. Pathway updates:**

### **Psoriasis**

Development of the pathway is pending publication of the British Association of Dermatologists guidance.

### **Haematology – Immune thrombocytopenic purpura (ITP)**

A new Chair has been appointed from GSTT and the group will meet tomorrow 31 March to produce a final draft.

### **Ophthalmology**

The pathways are available in final draft and, pending availability of the costings, will be presented at the Medicines and Pathways Review Group on 20 April for approval.

## **8. SEL APC Annual Report 2016/17 and work plan for 2017/18**

The draft report was presented for approval. The key highlights of the committee's work during the period were:

- 15 new medicines recommendations were made
- 22 guidelines and policies were approved
- Contribution made to development of the Regional Medicines Optimisation Committee (RMOCs) which will commence with introductory meetings in April 2017, followed by appointment of members in May 2017.
- Development of the SEL RED, AMBER, GREEN (RAG) list
- Engagement in STP work
- Implementation of the e-formulary

Horizon scanning for 2017/18 has been scaled back and is limited to costings for new National Institute for Health and Care Excellence (NICE) technology appraisals as the Regional Medicines Optimisation Committees (RMOCs) will take over the review of new medicines. The key future priorities are:

- Set-up of an SEL APC task force linked to the STP work which will be of help in progressing the self-care agenda
- Continued engagement with RMOCs
- New medicines implementation
- Focus on audits and outcomes of SEL pathways
- Ensuing expert patient input

The Chair noted that the committee and its sub-groups had achieved an amazing amount of work during the period and that the continued engagement of all member organisations was extremely valuable. Communication within organisations is key to the successful implementation of APC guidelines and the consensus was this is best managed locally.

Some members commented that more powers to implement guidelines and medicines recommendations would be welcomed. However as set out in the APC terms of reference the committee acts in an advisory capacity and has no executive power to implement recommendations.

**ACTION: Report to be submitted for Commissioning Strategy Committee approval**

## **9. Revised Rheumatoid Arthritis and Seronegative Spondyloarthropathy Biologic Drug Pathways**

The revised pathways were approved.

**ACTION: Pathways to be uploaded to website and circulated to APC members**

**10. Items for information**

- National Institute for Health and Care Excellence (NICE) guidance summary
- Medicines and pathway review group minutes December 2016 – January 2017
- Adult RAG 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
- Restless Legs Syndrome (RLS) Treatment Pathway
- RLS GP Fact Sheet
- RLS Patient information leaflets
- RLS Recommendation 060 Gabapentin-Pregabalin
- RLS Recommendation 061 Clonazepam
- RLS Recommendation 062 Opioids
- Recommendation 063 Pitolisant in Narcolepsy
- Alzheimer's Integrated Medication Guidelines

**All items for information noted.**

**11. Any Other Business (AOB)**

There was no other business.

**2017 meetings:**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
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