

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

**Approved Minutes of the Meeting held on 14 March 2018 at 10.00am
Silver Room, 1 Lower Marsh**

Present:

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Sadru Kheraj (SK)	GP, South East Locality
Dr Liz Williams (LW)	GP, South West Locality
Iris Javaid (IJ)	Practice Nurse, North Locality
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Sophie Bhandary (SB)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Maria Yousif (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
In attendance:	
Daniel Stein (DS)	Prescribing Support Dietitian
Rebecca Brocklehurst (RB)	Prescribing Support Dietitian
Bethan Warner (BW)	Integrated Care Pharmacist GSTT
Kath McPherson (KM)	Business Support Officer (minutes)
Apologies	
Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Dr Miriam Ish-Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Shu Ling Man (SLM)	Senior Clinical Commissioning Pharmacist
Jane Stopher (JSt)	Interim Assistant Director Long Term Conditions

Agenda Item	Action for / date
<p>1. Welcome and Introductions The Chair welcomed all to the meeting.</p>	
<p>2. Apologies for absence The Committee is asked to receive apologies for absence.</p>	
<p>3. Minutes of previous meeting, action log and Declaration of Interests There were no declarations of interest. The minutes of the January meeting were accepted as an accurate record.</p> <p>Action log:</p> <ul style="list-style-type: none"> • Patient representative; the Chair continues to liaise with the Healthwatch Chief Executive and the vacancy was noted at the last Governing Body meeting in public • The update to the South East London Hypertriglyceridaemia Pathway is in progress, subject to discussions with specialist clinicians • The update to the terms of reference is in progress 	

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<p>4. Rivaroxaban Prescribing Rebate Scheme</p> <p>The CCG spend on direct oral anticoagulants is around £1.4 million per annum. Currently apixaban accounts for a large proportion of this spend . Edoxaban prescribing is growing however, as secondary care are increasingly initiating this.. The Committee discussed and approved the rivaroxaban rebate scheme.</p>	<p>Rebate scheme to be steered through CCG sign-up VB</p>
<p>5. Request for authorisation to continue medicines or change dose/frequency</p> <p>The authorisation form has been reviewed following previous submission to the Committee. The form is intended to support district nurses administering medicines in the community which have for example unclear directions such as “As directed”. It is being used in some areas already such as by the community diabetes team. The form will be completed by the nurse and reviewed six monthly. It will be sent to practices electronically for approval . Completion and return from a GP’s direct nhs.net email address will count as an electronic signature. Sending from a generic practice email however is not acceptable. The approved form will be uploaded to the patient’s care record and attached to their file/ Medication Administration Record. BW will confirm the form has been approved via Guy’s and St Thomas’ Hospital (GSTT) governance processes and provide an article for the CCG Bulletin. The Committee approved the form.</p> <p>Feedback on the Integrated Care Pharmacist service was also provided. The result of a survey of care home staff was presented to the Committee. 26 responses were received and were overwhelmingly supportive of the service. Total saving during the period was £47,000. Key learning points were:</p> <ul style="list-style-type: none"> • Team to introduce themselves to care home staff • EMIS access in care home would improve record keeping for both the team and GPs. However IT in care homes is subject to prioritisation by the individual homes. It was noted that EMIS tokens might be useful. • In general relatives do not want to be involved in the medicines review process. Care home staff are more likely to act as the client/patient’s proxy where necessary. • Most clients/patients are keen to reduce the number of medicines they take <p>The Service would like to work on reducing errors and incidents that occur during transfer of care for new and readmitted residents as currently there is not a robust system for knowing when new clients arrive or clients are being readmitted</p>	<p>Care home pharmacist to supply wording for GP Bulletin message IA/SB</p> <p>Care home pharmacist to confirm GSTT governance processes have been followed IA/SB</p>
<p>6. Patient Group Direction (PGD) for the supply of varenicline (Champix ®) by registered and authorised Community Pharmacists for patients accessing a Lambeth pharmacy level 2 stop smoking service in need of pharmacological treatment in London Borough of Lambeth</p> <p>The PGD has been revised to align with the new smoking cessation service specification. The revised service specification is due to commence in April 2018 but there is awareness that the revised PGD needs to go through governance processes. The key change is that the PGD now applies to Lambeth</p>	

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<p>residentsonly, rather than the registered GP patient population, in line with the updated specification. The Committee provided clinical recommendation to the local authority , subject to no further comments being received from the PGD working group. If any further changes are made the PGD will be circulated electronically to the Committee for review.</p>	
<p>7. Prescribing Support Dietitian (PSD) updates</p> <ul style="list-style-type: none"> • Adults <p>The spend on adult oral nutritional supplements continues on a downward trend although the trend is flattening following the programme of work. The role will now move into a maintenance phase and the PSD will continue to work closely with GP practices. The increased GP education has improved levels of appropriate prescribing. OptimiseRX messages are in place to support this.</p> <ul style="list-style-type: none"> • Paediatrics <p>There was a peak in spend on cow's milk protein allergy products in November. This was due to an error in the prescribing data for one practice. Overall the downward trend in spend continues however. The Oviva® app is always offered to parents/carers and there is an uptake of around 50%. There have been some technical issues which have been reported to the app provider to help improve app use. Additionally the PSD would like to do more work with parents/carers to increase use of the app.</p> <p>The Healthy Start Vitamins Scheme was discussed by the Committee. The PSD shared that they sign post all eligible patients to pharmacies involved in the Scheme and also advise patients on products that can be bought over the counter as well.</p> <p>It was noted that the PSDs would find EMIS access useful for record keeping purposes when working in practices and they are investigating the potential with the provider.</p>	
<p>8. Southwark and Lambeth Antimicrobial Guideline for Primary Care 2018</p> <p>Following the update of the Public Health England (PHE) guideline the Committee are asked to approve the final draft of the local guideline which has been fully consulted on. The key changes are:</p> <ul style="list-style-type: none"> • Further information added on use of antibiotics in pregnancy • New section on self-care and over-the-counter (OTC) remedies for minor self-limiting conditions with hyperlinks to the relevant NHS Choices information • Dose range and amendments in line with PHE guidance, and route of administration clarified • For sore throat, the FEVER pain scoring system has been added to support delayed prescribing. The Committee noted that GPs are currently trained on the Centor scoring system • Added recommendation for high dose nasal steroids for over 12s with Acute Rhinosinusitis, with or without an oral antibiotic in line with National Institute of Health and Care Excellence (NICE) guidance • Neonate and adult dosages added for acute otitis media • Recommendation for clinically acquired pneumonia revised and further information on assessing for referral to hospital added 	<p>Article regarding FEVER pain score for GP bulletin to be produced MY</p>

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<ul style="list-style-type: none"> • Methenamine for recurrent urinary tract infections in women added in line with PHE guidance and following consultation with acute trusts • Cellulitis section now includes the management of erysipelas • New section added for mastitis • Acne section revised to include self-care advice and OTC management • Human and animal bites - recommendation for breast-feeding patients removed • Fidaxomicin for Clostridium difficile added • Conjunctivitis and blepharitis including self-care advice added • Clarity that GPs should not be involved in treating dental infections added • Infections team contact details added <p>The Committee approved the guideline and noted that communication of the update is key. It was also noted that it would be useful to remind practices that updates on guidance in the monthly practice email should be disseminated to all prescribers.</p>	
<p>9. NHS England (NHSE) Items which should not routinely be prescribed in primary care patient information resources</p> <p>NHS Clinical Commissioners and PRESCQIPP have produced patient information resources. The resources are in line with local practice and the Committee approved the co-proxamol, tramadol and rubefaciants resources for local use.</p>	
<p>10. Medicines Optimisation Scheme 2018/19</p> <p>The scheme has been consulted on with the Local Medical Committee (LMC) and the focus group, The Scheme has been revised in light of feedback received. In addition the focus group has also had an opportunity to input into the communication process with practices. The group was generally supportive of the current process of monthly practice emails and data, quarterly dashboard and EMIS searches. FR noted that the focus group has been of enormous value to the team.</p> <p>Feedback on content of the scheme identified an issue with the complexity of the declaration forms and the amount of work needed to complete them. Generally they were valued as supportive to practices in achieving the scheme indicators but there was a strong feeling they should be simplified, which the team has taken on board.</p> <p>Section A Self-care: subject to change once the outcome of the NHSE consultation on conditions for which over the counter items should not routinely be prescribed in primary care is published at the end of April</p> <p>Section B Pain Management: simplified to remove the training element, which is retained as a resource. There are five elements:</p> <ul style="list-style-type: none"> • Lidocaine Patches • Co-proxamol • Immediate Release Fentanyl • Rubefaciants • Tramadol/ Paracetamol <p>To receive payment for this section practices must achieve the lidocaine</p>	<p>Resources to be developed as necessary MMT</p>

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<p>indicator plus two of the other four indicators, to be agreed with the commissioning pharmacist at the practice visit.</p> <p>Section C Respiratory Management: no changes to this section</p> <p>Section D Medicines Waste Management: added patient access online indicator with achievement criteria of a 10% reduction. Feedback from the focus group was that practices that have already done a lot of work around this have no scope to reduce further and, in addition, the data is not easily accessed by the CCG. It is suggested instead that practices are asked to do a baseline audit for 2018/19. The declaration form will be simplified; the repeat dispensing element is retained. The waste management campaign has been reduced from two to one campaign per year. Feedback from the focus group suggested the removal of the requirement for a deputy repeat dispensing champion training and the Committee is asked to consider this. The Committee agreed the deputy training should be retained as a resource. The importance of patient education on medicines waste is crucial and it was noted that the Patient Participation Groups Scheme within the GP Delivery Framework Scheme would also focus on this in 2018/19</p> <p>Section E Antimicrobial Stewardship: achievement criteria are subject to publication of NHSE Quality Premium thresholds, which is anticipated later this month.</p> <p>Section F: Prescribing Cost Efficiencies: no change and aligned with PRESCQIPP targets. Omega 3 resources are subject to changes to the Hypertriglyceridaemia pathway following the NHSE consultation.</p> <p>The Committee approved the changes to the scheme</p>	
11. Standing Items	
<ul style="list-style-type: none"> • Finance update <p>The financial position has improved although there is still an overspend. The overspend targeted work will continue including those practices with care homes to look after. For the 2018/19 prescribing budget there will be a 4% uplift on spend, plus 1% demographic increase. A £2.019 million Quality, Innovation, Productivity and Prevention (QIPP) saving needs to be achieved during 2018-19.. There are a number of cost pressures and the position will continue to be challenging.</p> <ul style="list-style-type: none"> • Community Pharmacy update <p>The LPC representative requested an update on the Lambeth Integrated Pharmacy Scheme (LIPS) to be circulated to community pharmacists. DJ noted this is the last Committee meeting he will attend as he is stepping down from LPC. The Committee extended thanks for his past work.</p> <ul style="list-style-type: none"> ▪ Practice Pharmacist update <p>Noted</p> <ul style="list-style-type: none"> ▪ OptimiseRx update <p>Noted</p>	<p>Update on LIPS Scheme to be circulated to community pharmacists SB</p>
12. Items for Information	

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<ul style="list-style-type: none"> • NHSE Consultation on Conditions for which over the counter items should not routinely be prescribed in primary care – CCG response • GSTT Drugs and Therapeutics Committee minutes January 2018 • SLAM Drugs & Therapeutics Committee minutes October 2017 • SEL Area Prescribing Committee minutes January 2018 (draft) <p>SEL APC guidance for local ratification (hyperlinks)</p> <ul style="list-style-type: none"> • Recommendation 033 Ivabradine in POTS-IST • Ivabradine in POTS-IST prescribing guidance • Ivabradine in POTS-IST Transfer of Care • Ivabradine in POTS-IST notice of initiation • Recommendation 032 Midodrine in POTS-IST • Midodrine in POTS-IST prescribing guidance • Midodrine in POTS-IST transfer of care • Midodrine in POTS-IST notice of initiation • Revised IBD pathways • Vitamin D patient information leaflet <p>Items for information were noted and SEL APC guidance is ratified for local use.</p>	
<p>13.AOB</p> <p>Denosumab for primary and secondary prevention of osteoporotic fragility fractures in postmenopausal women and men</p> <p>There is a proposal from GSTT for denosumab to be initiated and prescribed in primary care which will be discussed at the South East London Area Prescribing Committee. It is presented to the Committee today to gauge initial views locally. The proposal will be circulated electronically to the Committee for comment.</p>	<p>Denosumab proposal to be circulated to committee for comment VB</p>

2018 Meeting dates:

Date	Time	Venue
16 th May 2018	10.00-12.00	TBC
18 th July 2018	10.00-12.00	TBC
19 th September 2018	10.00-12.00	TBC
21 st November 2018	10.00-12.00	TBC