

**South East London Area Prescribing Committee (SEL APC)
28 March 2019 at Lower Marsh
Final minutes**

1. Welcome, and Introductions

The Chair welcomed attendees to the meeting and a round of introductions followed.

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. The Chair reminded members that as a decision making Committee it is important that all members ensure they have submitted an up to date declaration. A new declaration of interests is required from members for 2019/20 and the template will be circulated to the Committee in the near future. There were no declarations of interest in relation to today's agenda.

3. Minutes of January meeting, Action Log and matters arising

The minutes of the last meeting were accepted as an accurate record. There are no matters arising.

Action log:

- **Outcomes from Hypertension Virtual Clinics:** update to be given at item 4 on today's agenda and action closed.
- **Clozapine presentation:** work to address the inconsistency between the local care record and GP patient records has been added to the 2019/20 workplan. Action closed.
- **APC drugs monitoring dashboard:** an update will be available at the July 2019 meeting as per due date on the action log.

4. Quarterly review of the APC Work Plan

- Quarter 4 work plan update from leads

The final update on the 2018/19 workplan is presented and summarises progress on the identified work areas. The Committee is asked to note that there has been some delay on the Immune thrombocytopenia (ITP) pathway. There is a meeting of trust and CCG leads scheduled in early May 2019 to review the latest draft of the pathway. Following this meeting the final draft will begin the consultation process. The 2018/19 workplan update will be presented to the SEL STP Clinical Programme Board (CPB) in early April 2019.

- Feedback from Clinical Programme Board

The Q3 workplan update was presented to CPB in February 2019 and was well received by the Board. In March 2019 a "deep dive" presentation on adherence was presented to the Board by the King's Health Partners (KHP) Adherence Lead. The presentation was very informative and will be presented to APC at the July 2019 meeting. A key message from CPB was around how to spread this learning at a borough level. For CCGs it was thought that Protected Learning Time (PLT) events would be the most effective route and the KHP lead is happy to present at these. The Trusts will give further thought to training at Trust level.

5. Annual review of the Terms of Reference for the APC

Proposals are being developed to change the local NHS structure to develop the integrated care system across South East London. The Committee is therefore requested to approve an extension to the current terms of reference to allow the new structures to become clear.

Two minor amendments were noted:

- Declaration of interests – date amended to 2019/20
- Addition of new members from the Health Intelligence Network (HIN) and KHP

APC approved an extension until March 2020 to allow for any slippage in timescales for the new structure.

6. Annual report for the SEL APC 2018/19 and work plan for 19/20

The annual report summarises the work undertaken by the Committee during 2018/19 and highlights key achievements including the psoriasis pathway, work to support the national low medicines programme covering self care and low priority drugs and the paediatric DMARDs shared care guidance. The financial planning section summarises the cost impact from the Committee's formulary decisions (including savings). It is noted that Freestyle Libre is not included in the total as uptake is phased from Q4 and NHSE has published guidance confirming it will be partially reimbursed in primary care from April 2019 onwards for use in line with their criteria. The appendices outline the outputs of the Committee and thanks are extended to both members and non-members from the CCGs and trusts for the hard work to support this. It was also noted the web stats show that the number of hits on the site have decreased over 2018/19. This is possibly due to more users accessing guidance via the e-formulary site.

A more integrated approach has been taken to developing the 2019/20 workplan with both CCG and Trust leads being identified. There are a number of ongoing areas such as the ITP pathway, stoma prescribing and regular updates of biological pathways. New areas to focus on are:

- Stopping over medication of people with a learning disability, autism or both (STOMP): developing resources to support the national programme
- Allergy anaphylaxis: developing guidance to support prescribers and carers
- Promoting self care: rationalisation of formulary for dry eyes
- Paediatric Red Amber Green (RAG) list; to take forward in stages
- Antimicrobial stewardship: reviewing existing local guidelines with a view to developing a SEL wide guideline and developing a SEL Antibiotic Campaign
- Mental Health: development of recommendations to improve consistency between hospital and GP patient records of clozapine prescriptions. The learning from this work can be extended to other areas in future.
- Dermatology: development of guidelines for common dermatological conditions. This work will be taken forward by the Dermatology Working Group (formerly the Psoriasis Pathway Development Group)
- There are a number of guidelines due for review this year and these have been incorporated into the workplan too.

The annual report and workplan are approved and will be submitted to the CPB in April.

7. Updated SEL interface prescribing policy

The interface policy has been updated to include the self care agenda and has been approved by the Medicines and Pathways Review Group (MPRG). The revisions are:

- Addition of section 11: National shortage of medicines
- Addition of section 12: National medicines value programme

The update was approved by the Medicines and Pathways Review Group subject to the additional amendments outlined below:

- Removal of point 1.12 as there is a formulary in place across SEL
- Removal of reference to SEL self care position statement in 1.13 and reword to a general reference to SEL APC self care resources under section 12.

APC ratified the updated policy subject to these amendments.

8. Adrenaline auto-injector for anaphylaxis

This item was discussed in detail at the February MPRG meeting and is being brought to the APC for further discussion. The Bromley prescribing lead reported on email discussions with the GSTfT allergy specialist which suggest there is some difference of opinion between The Resuscitation Council (UK) guidance and practice within the GSTfT allergy clinic regarding dosage of adrenaline and needle length for teenage patients. It was noted the Resus Council guidance only covers administration of adrenaline by Health Care Professionals (HCPs) in medical settings. In light of the recent high profile coroner's report the Bromley lead suggested it would be useful to have a unified and accepted SEL policy which covers guidance and training for both HCPs and patients/carers, school staff etc. The Committee noted there is no strong body of evidence and no national consensus on dosing. The Resuscitation Council is developing some national guidance but there is no timescale for this currently. The issue has been submitted to the Regional Medicines Optimisation Committee (RMOC) for consideration as a topic but it should be noted that the MHRA has advised there are some dosing studies which are due to report at the end of 2019 and it may be that RMOC decides to wait for the outcome of these. In addition there is currently only one preparation available at 500mcg and a move to recommend this strength might have a destabilising effect on the market in terms of stock and supply. As noted at item 4, allergy anaphylaxis has been added to the 2019/20 work plan and the training and needle length issues could be promoted as part of this work which Bromley CCG is leading on.

9. South East London guideline for the management of non-cancer chronic pain in adults

Following a wide consultation the draft guideline has been approved by MPRG and is presented for ratification. Key elements of the guideline are:

- Realistic goal setting with the patient
- Emphasis on regular review
- Signposting to non-pharmacological strategies/resources
- Use of the opioid risk tool before initiation or switching
- Information on opioid dosages and trials, stopping criteria
- Referral to specialist before initiation of oxycodone and pentathol in primary care (this could be via advice and guidance rather than face-to-face)
- List of not recommended for prescribing drugs based on the Red, Amber, Green (RAG) list and formulary

The guideline was ratified subject to a minor amendment to the last bullet point on page 1, step 1, which will be reworded to refer to the “local self care guidance”. Thanks were extended by the Committee to the Lewisham representative for the hard work to produce a very useful guideline.

10. Transfer of Care Around Medicines (TACM) project

There are known issues around lack of communication on patient’s medication when admitted to hospital or at the point of discharge back into the community. There is evidence that 60% of medication errors occur during transfer of care. Lewisham Hospital has been referring patients for community pharmacy review over the last two years using an integrated PharmaOutcomes software system. The criteria for referral is fairly broad to avoid excluding patients who might benefit, and includes those who have had a medication change as an inpatient, on high risk medicines, on using inhalers and those who qualify for the New Medicines Review service. Between 1 March 2018 to 28 February 2019 there were 504 referrals made by Lewisham Hospital. Of these, 305 (61%) have been completed and 95 accepted but awaiting the patient for intervention. The remaining 103 referrals have not been accepted and the team are reviewing to identify ways to alert the community pharmacists to the referrals and facilitate acceptance. The majority of the referrals have been for patients over 75 years. Referral outcomes have been reviewed and learning points are being taken forward. Spread across pharmacies has been fairly even but this is determined by the patient. Cost modelling has estimated cost avoidance of around £500,000, split between trusts and CCGs, due to reduced readmissions. The presentation will be submitted to the CPB next month with a view to wider rollout.

11. Implementation of Pharmacist-led information technology intervention (PINCER) project in South East London

Between 5-10% of hospital admissions are medicines related and two thirds of these could be prevented. There is an estimated national cost of £650million attached to this. There are four main groups of drugs which account for preventable medicines-related admissions: non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants, diuretics and antiplatelets. In March 2017 the World Health Organisation (WHO) initiative “Global Patient Safety Challenge: Medication without Harm” was developed with the aim of reducing medicines related errors by 50%. The initiative identified three priority areas for early action which were: high risk situations, polypharmacy and transfer of care. The PINCER project sits within the high risk situations area and, in line with the working group recommendations, uses technology to support the initiative’s objective. There are two elements to PINCER the first being the software developed run searches on GP systems to identify patients at risk. The second element is the pharmacist intervention and includes training to use the PINCER tool, to interpret the search results, root cause analysis and to support the practice to produce action plans to address the risks identified in processes. There are 250 indicators in total and to support targeted training NHS England has commissioned an initial 13 indicators, drawn from the high risk drug groups and includes some monitoring indicators. There are three half day training sessions for practice based pharmacists and the first is scheduled for Monday 1st April 2019. Pharmacists will also need time to meet with the practices and agree action plans and follow-up. The audit cycle is carried out twice a year with a baseline audit in April. Data from a pilot project estimates that PINCER will reduce prescribing errors by 50%, improve

quality of life for patients by reducing medicines, and give a cost avoidance of £2,700 per practice. There are three CCGs signed up in SEL to date and 38 pharmacists have booked training. It was suggested that it might be useful to link up the PINCER indicators to the IPMO polypharmacy criteria.

12. Update on the South East London Sustainability and Transformation Project (STP) NHS England pilot: Integrating NHS Pharmacy and Medicines Optimisation (IPMO) into STP/integrated care systems

The Integrated Pharmacy and Medicines Optimisation lead delivered a verbal update on progress in the focused clinical projects which have been developed to demonstrate the value of pharmacy leadership.

- Chronic Obstructive Pulmonary Disease (COPD): IPMO is linking in with the SEL Responsible Respiratory Prescribing Group (RRPG) and the Right Care Group to identify priorities. It was suggested that a review of high value respiratory prescribing could deliver quality and cost benefits.
- Hypertension: IPMO is working with the SEL Consultant Cardiovascular Pharmacist to identify interventions where the workforce element could support
- Improving adherence: consideration is being given to identifying particular disease areas.
- Polypharmacy: a workshop has been held to agree the focus for this work, which has been split into hospital, primary care and care home elements. Work is in progress to develop new tools and to maximise use of existing tools to identify patients for review. There followed a discussion on how risk was being assessed in the different settings. Further information on risk criteria will be shared with the Committee when available.

As a general point mental health is missing from the IPMO agenda and it would be worthwhile to consider how the workforce element could support medicines optimisation for patients who have both serious mental illness and a long term condition such as COPD or hypertension.

13. Regional Medicines Optimisation Committee updates:

- **RMOC London Agenda March 2019**
- **RMOC Workplan Update March 2019**
- **RMOC South update March 2019**

Update noted

14. Items for information

- **MPRG action notes Dec18/Jan19**
- **NICE Summary March 2019**

RMOC updates:

- **RMOC London update December 2018**
- **RMOC Midlands & East update December**
- **RMOC Position Statement: Maintaining patency of central venous catheters in adults**
- **RMOC process for identifying and prioritising new medicines**
- **RMOC APC Survey**

SEL APC ratified guidance

[South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups \(CCGs\) and GSTFT/KCH /SLAM/ & Oxleas NHS Foundation Trusts/Lewisham & Greenwich NHS Trust](#)

- **Shared care prescribing guidance: immunomodulatory drugs in paediatric IBD/Rheumatology**
- **Lidocaine plasters deprescribing guide**
- **Guide for primary care on the off-label use of medicines in the Oral Medicine Clinics**
- **Position statement on self care items (updated)**
- **Recommendation 025 Lurasidone in schizophrenia (updated)**
- **Recommendation 076 Ferric Maltol in IBD (updated)**
- **Recommendation 095 Zyclara cream in AK**
- **Recommendation 096 Aldara Cream in BCC**
- **Recommendation 097 Cariprazine in schizophrenia**
- **Recommendation 098 aprepitant in gastroparesis**
- **RAG list (updated)**

Items for information noted

15.AOB

The Chair informed the Committee that this is the last APC the Business Support Officer will attend as she is due to retire at the end of June. He extended thanks on behalf of the Committee for all her hard work to support the operation of the APC, including the meetings.

2019 meetings:

Date	Time	Venue
4 th July 2019	2.00pm-4.00pm	Room 407, 1 Lower Marsh SE1 7NT
7 th November 2019	2.00pm-4.00pm	Room 407, 1 Lower Marsh SE1 7NT