

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

**Approved Minutes of the Meeting held on 20 March 2019 at 10.00am
Lewisham/Greenwich Rooms, 1 Lower Marsh**

Present:

Dr Di Aitken (DA)	GP, Chair, South East Locality
Iris Javaid (IJ)	Practice Nurse, North Locality
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Dr Tom Nolan (TN)	GP, Local Medical Committee (LMC) representative
Dr Liz Williams (LW)	GP
Sophie Bhandary (SB)	Senior Clinical Commissioning Pharmacist
Vanessa Burgess (VB)	Assistant Director, Medicines Optimisation and LTCs
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Shu Ling Man (SLM)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Taher Esfandiari (TE)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
In attendance:	
Kath McPherson (KM)	Business Support Officer (minutes)
Apologies	
Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Zinat Abedin (ZA)	Local Pharmaceutical Committee (LPC) representative
Helen Williams	Consultant CVD Pharmacist, Lambeth & Southwark

Agenda Item	Action for / date
<p>1. Welcome and Introductions The Chair welcomed all to the meeting and a round of introductions followed.</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 in relation to the agenda items. The minutes of the January 2019 meeting were accepted as an accurate record. Action log:</p> <ul style="list-style-type: none"> • 2019/20 Medicines Optimisation Scheme: the geriatric assessment tool has been circulated and LMC consulted on the scheme. Actions closed. There is a national scheme in progress, due 2020/21 to share savings from prescribing initiatives. In addition the scheme is linked to the Care Co-ordination work. In light of this the action to discuss local funding of the scheme is closed. • Cannabis-based medicines: resource uploaded and action closed. • Medication safety alerts: The Information Governance Manager has confirmed attendance at the May LBPC. Action closed. The action to discuss dossette boxes is therefore extended to May 2019. 	

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<ul style="list-style-type: none"> • Sustainability and Transformation Project (STP) pilot to integrate Pharmacy and Medicines Optimisation (IPMO): The IPMO project leads are engaging with South East London Area Prescribing Committee (SEL APC). The action to arrange a local meeting with BPC reps is closed in light of this. • Care Home Pharmacy team update/Urinary Tract Infection checklist: actions extended to May 2019 • Patient representation: DA continues to hold regular update meetings with the Healthwatch Chief Executive 	
<p>4. 2019/20 Medicines Optimisation Scheme</p> <p>The final scheme is presented to LBPC for approval, following a focus group exercise and consultation with the LMC. The scheme is designed to facilitate delivery of the £2 million Quality, Innovation, Productivity and Prevention (QIPP) savings requirement. It also focuses on reducing variation in prescribing across Lambeth practices, particularly in relation to NHS England (NHSE) items not for routine prescribing eg lidocaine plasters, liothyronine, and supports high-quality, high-value prescribing and promotes medicines safety. Consultation with LMC in February identified that the draft scheme was too cumbersome and as a result the polypharmacy and medicines waste elements have been developed through other schemes. Payment weightings have been adjusted based on the amount of work the indicators involve. Direct Oral Anticoagulants and FreeStyle Libre elements have also been removed as these are/will be addressed through other workstreams.</p> <ul style="list-style-type: none"> • Part A focuses on pain with an audit around patients receiving above 120mg of morphine and review of lidocaine plasters. • Part B continues the work done in previous years on self care with an added focus on vitamins • Part C focuses on best value/best use of respiratory medicines and a reduction in inhalers containing fluticasone propionate. The aim is to optimise the use of tiotropium and triple therapy inhalers in line with SE London guidelines and to rationalise therapy for patients. • Part D focuses on prescribing cost efficiencies across a broad range of therapeutic areas/medicines in line with NHS England guidance and other local priorities. • Part E focuses on quality and safety in alignment with the Quality and Outcomes Framework (QOF), with promotion of the Pharmacist-led information technology intervention for medication errors (PINCER) tool and reconciliation of clozapine prescriptions on both GP and mental health patient records. The antimicrobial stewardship quality premium indicators are to be confirmed and resources to support these will be made available. <p>The requirement for practices to agree specific indicators/targets at the annual prescribing visit for various areas is unnecessary and will therefore be removed to simplify administration of the scheme. The team will continue to provide guided discussions at practice visits to support practices to focus on their individual key areas. LBPC approved the change. SB added that there is a £300,000 QIPP gap remaining.</p>	<p>Chair's action to approve amended resources as needed MO Team</p>

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<p>The scheme will be taken through the necessary CCG process to set up the contract ready for dissemination to practices on 1st April 2019. In terms of implementation the proposal is to set up a webinar which GPs can dial into and will be made available as a recording. There will also be manned stands at practice events such as Protected Learning Time sessions (PLTs). The Chair noted that many drugs are initiated in primary care it is key that the team are prepared to respond to questions about how secondary care is being involved in this work.</p> <p>The scheme will be supported by the prescribing dashboard as in previous years and achievement criteria have been either aligned with PrescQIPP indicators or have been set using a percentile of current achievement. There is potential to scope an alternative reporting system using EZ Analytics and LBPC will be updated on this in due course.</p>	

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<p>5. Resources to support 2019/20 Medicines Optimisation Scheme</p> <p>Part A:Pain Management</p> <ul style="list-style-type: none"> • opioids-proforma-for-optional-use-not-to-be-returned • opioids-aware-audit-returns-form <p>LBPC were asked to approve one of these audits and opted for the opioids aware option. Clinicians will be asked to share knowledge from the audit at clinical meetings.</p> <ul style="list-style-type: none"> • cd-s-equivalent-to-120mg-morphine (EMIS web search) <p>The search has been developed by PrescQIPP and NHSE and will give a rough guide to patient numbers. Approved</p> <ul style="list-style-type: none"> • feedback-template-to-request-review-of-medicines <p>Approval pending clarification of the purpose of the template</p> <ul style="list-style-type: none"> • anonymised-gp-reflections EXAMPLES <p>Approved</p> <ul style="list-style-type: none"> • opioids-for-chronic-pain-kiss • fentanyl-patches-kiss • oxycodone-kiss • pregabalin-kiss <p>Approved pending addition of author title/role to give provenance</p> <ul style="list-style-type: none"> • 218-reducing-opioid-prescribing-in-chronic-pain-20 • 218-reducing-opioid-prescribing-in-chronic-pain-briefing-20 <p>Approved subject to a check that the dosing tables align across the documents</p> <ul style="list-style-type: none"> • attachment-2-patient-information-about-reducing-opioid-dose-20 <p>To be adapted into a Word/EMIS summary of the consultation and sent for Chair's approval. There was a discussion on whether practice pharmacists could do this work and the consensus is that this will depend on the skillset of the individual pharmacist and the approach of individual practices.</p> <ul style="list-style-type: none"> • Prescription Agreement Template Pain Medicines Lambeth v2.3 <p>Approved and a question as to whether the patient has received a copy of the agreement will be added to cycle 2 of the audit</p> <ul style="list-style-type: none"> • 215-opioid-patches-20 • 215-opioid-patches-briefing-20 • attachment-1-opioid-patches-20 <p>Approved</p> <ul style="list-style-type: none"> • 213-oxycodone-20 • 213-oxycodone-briefing-20 • attachment-1-oxycodone-audit-20 <p>Approved</p> <ul style="list-style-type: none"> • 199-oxycodone_naloxone-targinact-30 • 199-oxycodone_naloxone-targinact-briefing-30 • attachment-2-targinact-patient-review-letter-20 <p>Approved</p> <ul style="list-style-type: none"> • Fentanyl Bulletin 2626B132 • Fentanyl Bulletin Summary 2629B132i <p>Approved</p> <ul style="list-style-type: none"> • Tramacet Bulletin 946B62 • Tramacet Bulletin Summary 947B62 	

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<p>Approved</p> <ul style="list-style-type: none"> • b194-co-proxamol-20 <p>Approved</p> <ul style="list-style-type: none"> • Useful weblinks <p>Approved subject to suggested additions: Choosing wisely, British Medical Association guidance, Live well with pain, Pain toolkit</p> <ul style="list-style-type: none"> • How_to_request_ERS_AandG_v1 <p>Approved</p> <p>Part B: Promote self care</p> <ul style="list-style-type: none"> • Vitamin B complex preparations prescribing fact sheet 0.2 • vitamin-b-complex-audit 0.2 <p>Approved</p> <p>Part C:Respiratory Management</p> <ul style="list-style-type: none"> • respiratory factsheet 19-20 <p>The respiratory element of the scheme aims to align with the SEL respiratory guidelines which are due to be launched in April/May 2019. It was noted that the guideline promotes use of tiotropium Respimat (aerosol inhaler) as a high-value, cost-effective option. The LMC representative queried the rationale for switching to respimat given the amount of work involved. Respimat is a licensed, soft mist inhaler and provides a step up option for Chronic Obstructive Pulmonary Disease (COPD) patients on monotherapy (the existing Handihaler has no step up option). It is the only tiotropium inhaler licensed in asthma. It was noted that the threshold for practices to achieve is relatively low, and therefore, should be picked up through patients who either require a step up in treatment, or who are not benefitting from their current treatment. Patients should be reviewed annually, and this includes medication review, which presents an opportunity for practices. LBPC suggested a sentence be added at the beginning of the factsheet to clarify this and the achievement criteria. The factsheet was approved subject to this amendment and the correction of an error in choice of treatment identified by LW. FR informed the Committee that practices have attained a high rate of achievement on the seretide indicator in 18-19 and therefore this may be removed from the 19-20 scheme subject to Q4 results.</p> <p>Part D: Prescribing Cost Efficiencies</p> <ul style="list-style-type: none"> • 201902 Metformin MR Fact sheet 2019-20 v0.2 draft <p>The factsheet outlines the key points of the indicator and gives a cost analysis. An EMIS search has been developed to identify all patients on generic/non-preferred brands. These patients should be reviewed and switched to the preferred brands. There are no anticipated shortages of the preferred brands. The factsheet is approved.</p> <ul style="list-style-type: none"> • Mesalazine MR prescribing - PrescQIPP bulletin <p>A switch to the Octasa brand has been approved by the SEL Inflammatory Bowel Disease Pathway Development Group which is led by gastroenterology consultants. The brands are therapeutically equivalent and there are no anticipated shortages. LBPC noted the wording of the bulletin is ambiguous and could be interpreted as having to refer the patient to the specialist for switching. The wording will be clarified and approval sought by LBPC Chair's action. A factsheet will also be developed</p> <ul style="list-style-type: none"> • PrescQIPP – Specials 	<p>Mesalazine Factsheet to be developed TE</p>

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<p>Approved.</p> <ul style="list-style-type: none"> • Recommendation 006 Combodart <p>SEL Area Prescribing Committee (SEL APC) approved a grey – do not prescribe recommendation for combodart but there is still a significant amount of primary care prescribing in Lambeth. There is more work in progress in SEL to support the recommendation, including potentially a Lower Urinary Tract pathway.</p> <p>Part E: Prescribing Quality</p> <ul style="list-style-type: none"> • PINCER resource <p>A series of training events for practice pharmacists is planned which will train pharmacists how to run the PINCER process. They will then share the results at a clinical meeting, agree and implement a practice-wide action plan. Practices will be required to submit a declaration. Approved. LBPC noted that some practices do not have a pharmacist and it was confirmed that the currently around 90% of practices have access to a pharmacist and the Primary Care Network will provide access to funding on a neighbourhood basis.</p> <p>A resource to support Clozapine reconciliation across GP and mental health patient records will follow. The learning from this project has the potential to be extended to other secondary care administered drugs in future.</p> <ul style="list-style-type: none"> • Antimicrobial Stewardship <p>Resources to support will follow once the national indicators are confirmed.</p>	
<p>6. Oxycodone – Brand Generics</p> <p>The Specialist Pharmacy Service (SPS) recommends branded prescribing of oxycodone to support the lowest drug acquisition cost. Approximately 90% of immediate release (IR) and modified release (MR) oxycodone is done on a generic basis and there are no current OptimiseRX recommendations. There are several brands available on the market and LBPC are asked to consider a recommendation to GPs to prescribe preferred brands.</p> <p>The lowest acquisition cost brands are Oxeltra, Oxypro and Renocontin for MR preparations and Shortec and Lynlor for IR preparations. These brands cover the range of strengths available. There is a possibility that the IR preparations may be subject to some supply issues in the next few months due to plant capacity. OptimiseRX messages have a lead time of around eight weeks for updates.</p> <p>LBPC agreed an initial short-term pilot to switch prescribing to the preferred brands led by DA, to provide feedback on the switch and a final decision to be deferred until the May 2019 meeting. Consideration will also be given to asking EMIS web to add function to show both generic and brand names to minimise clinical risk of prescribing the wrong brand.</p>	<p>ACTION Decision deferred pending feedback from pilot DA</p>
<p>7. Prescribing rebate schemes</p> <ul style="list-style-type: none"> • Buprenorphine and Fentanyl Transdermal Patches <p>Again this is in line with SPS recommendations on branded prescribing to reduce the possibility of errors with the range of release times available. During April-November 2018 10% of buprenorphine patches and 24% of fentanyl patches were prescribed generically. OptimiseRX messages currently direct to Butec and Matrifen respectively and there are no anticipated supply issues with either of these brands.</p>	

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<p>Bunov is the lowest acquisition cost 7-day buprenorphine patch. However there is a rebate element attached to the use of Relitrans 7-day buprenorphine patch which would give additional savings. There are no anticipated supply issues with any of these brands.</p> <p>Opiodur is the lowest acquisition cost fentanyl patch but there is a rebate element attached to Mezolar Matrix which would give additional savings. However a change to Opiodur would realise more or less equivalent savings to the rebate scheme for Mezolar Matrix. There are no anticipated supply issues with these brands.</p> <p>The rebate schemes are available for a period of 12 months initially and it will be clarified with the companies if there is likely to be an extension. It was noted however that there is a standard clause in the contracts allowing for early termination with notice. The rebates have been reviewed and approved by PrescQIPP. RP confirmed these brands should be available in community pharmacies and added there may be implications for authorised controlled drug destruction witnesses.</p> <p>Rebate schemes in past have supported current practice, rather than a move to use specific brands and LBPC is asked to consider: A: do we wish to take advantage of the rebate schemes outlined B: do we wish to go down the route of branded prescribing more generally</p> <p>LBPC agreed by consensus to support the use of the lowest acquisition cost drug (Bunov for buprenorphine and Opiodur for fentanyl) and the rebate schemes were not approved.</p> <ul style="list-style-type: none"> • ConvaTec Dressings rebate <p>The scheme has been tailored to NHS Lambeth and is based on a rebate on current prescribing practice. LBPC approved the rebate scheme. SLM to clarify how the data will be obtained.</p>	<p>Confirm which brands the trusts are using and consider merit of raising branded prescribing at APC SLM</p>
<p>8. Preferred blood glucose test strips summary</p> <ul style="list-style-type: none"> • GP version • Community Pharmacist version <p>LBPC are requested to extend the review date on the guidance, subject to minor amendments to prices and contacts. It was noted that the guidance will be reviewed by APC following the release of NHSE national guidance. The extension was approved.</p>	
<p>9. Standing items:</p> <ul style="list-style-type: none"> • Finance update <p>2019/20 will be a challenging year. Some practices continue to overspend relative to notional budgets and LBPC agreed extra visits would be helpful to support these practices in 2019/20. It was noted that review of budget allocations for practices supporting care homes has been undertaken and work is now being done to understand the impact on other practices if budgets are reallocated based on this audit work. There is a particular focus on addressing medicines waste within care homes with input from the Care Home Support</p>	

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<p>team and support to undertake medication reviews.</p> <ul style="list-style-type: none"> • Medicines Optimisation Risk Register <p>There is no update to the risk register for this period and it will be revisited in light of the 2019/20 budget information. The 2019/20 prescribing budget is approximately 8% less than the 2018/19 spend. LBPC suggested highlighting the gap in QIPP delivery and the potential for increased clinical risk associated with branded generics prescribing.</p> <ul style="list-style-type: none"> • Quarter 3 2018/19 Practice Prescribing Dashboard <p>Around 70% of practices are currently achieving dashboard indicators.</p> <ul style="list-style-type: none"> • OptimiseRX update <p>An end of year report will be available at the May meeting.</p> <ul style="list-style-type: none"> • Practice Pharmacist update <p>Options appraisal to review impact of PCNs and additional funding from NHSE</p> <ul style="list-style-type: none"> • Community pharmacy update <p>Deferred</p>	
<p>10. Items for information:</p> <ul style="list-style-type: none"> • Lambeth Borough Prescribing Committee – Effectiveness Review – 2018/19 • Rescheduling of Gabapentin and Pregabalin as Schedule 3 Controlled Drugs Briefing Note • King’s Health Partners Medicines Safety Newsletter February 2019 • Guy’s and St Thomas’s NHS Foundation Trust (GSTfT) Drugs and Therapeutics Committee (DTC) minutes January 2019 • SEL Area Prescribing Committee (SEL APC) minutes January 2019 (draft) • South London & Maudsley NHS Foundation Trust (SLAM) Drugs and Therapeutics Committee minutes October 2018 • King’s College Hospital Drugs and Therapeutics Committee minutes December 2018/February 2019 <p>SEL APC guidance for local ratification (hyperlinks)</p> <ul style="list-style-type: none"> • Shared care prescribing guidance: immunomodulatory drugs in paediatric Inflammatory Bowel Disease/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 095 Zyclara cream in Actinic Keratitis • Recommendation 096 Aldara Cream in Basal Cell Carcinoma • Recommendation 097 Cariprazine in schizophrenia • Recommendation 098 aprepitant in gastroparesis • Red, Amber, Green (RAG) list (updated) <p>Noted</p>	
<p>11. AOB</p>	



Lambeth

Clinical Commissioning Group

2019 Meeting dates:

Date	Time	Venue
22 May 2019	10.00-12.00	Greenwich Room
24 July 2019	10.00-12.00	Room 407
25 September 2019	10.00-13.00	Room 407
27 November 2019	10.00-12.00	Room 407