Regional Medicines Optimisation Committee (London)

Final minutes of meeting of 1st March 2018, 9.15am–1pm

Room 137B, Skipton House, London, SE1 6LH

Voting members in attendance

Name	Role
Vin Diwakar (Chair) [VD]	Regional Medical Director, NHS England (London)
Albert Ferro [AF] [by phone]	Professor of Cardiovascular Clinical Pharmacology, King's College London
Amanda Heeralall [AHe]	Pharmacy Lead, North London Specialist Commissioning, NHS England
Aroon Hingorani [AHi] [by phone]	Consultant in Clinical Pharmacology and General Medicine, University College London
Ashok Soni [AS]	Community Pharmacist and Chair of Local Professional Network for Pharmacy
Ben Rehman (Committee Secretary) [BR]	Assistant Head of the Specialist Pharmacy Service (Medicines Optimisation), NHS England
Chris Corfield [CCo]	Head of Medicines Management, Central London, Hammersmith and Fulham, Hounslow, and West London CCGs
Devika Sennik [DSe]	Lead Pharmacist, Southwark CCG
Gaye Lewington [GL]	Director of Medicines Management, North East London CSU
Louise Dark [LD]	Chief Pharmacist, Lewisham and Greenwich NHS Trust
Robert Urqahart [RU]	Chief Pharmacist, University College Hospitals NHS Foundation Trust
William Rial [WR]	Interim Regional Pharmacist London Region, NHS England and NHS Improvement

Non-voting members in attendance

Name	Role
Daniel Burrage [DB]	Speciality Registrar in Clinical Pharmacology, St George's, University of London
Michelle Liddy [ML] [by phone]	Medicines Implementation Consultant, NICE
Mike Ringe [MR]	NHS Engagement Partner, ABPI
Paul Fleming [PF]	Technical Director, BGMA

Invited speakers and observers

Name	Role
Cathy Cale [CCa]	Deputy Medical Director, NHS Improvement (London Region)
Danielle Stacey [DS]	Chief Pharmaceutical Officer's Clinical Fellow, NHS England
Elizabeth Beech [EBe] [by phone]	National Project Lead, Healthcare Aquired Infections and Antimicrobial Resistance, NHS England
Graeme Hood [GH]	Chief Pharmaceutical Officer's Clinical Fellow, Public Health England
John Minshull [JM]	Joint Formulary and Medicines Optimisation Pharmacist, North Central London
Justine Scanlan [JS]	Head of the Specialist Pharmacy Service, NHS England
Nina Barnett [NB] [by phone]	Consultant Pharmacist, London Northwest Healthcare NHS trust and NHS Specialist Pharmacy Service Visiting Professor, Kings College London
Stephen Hughes [SH]	Senior Specialist Pharmacist, Anti-infectives, Chelsea and Westminster NHS Foundation Trust
Tushar Shah [TS]	Pharmacy Advisor, Medical Directorate, NHS England (London Region)

Apologies received

Name	Role
David Sherman [DS]	Consultant Gastroenterologist and Drugs and Therapeutics Committee Chair, London North West Hospital NHS Trust
David Taylor [DT]	Director of Pharmacy and Pathology; Head of Pharmaceutical Sciences Clinical Academic Group, King's Health Partners South London and Maudsley NHS Foundation Trust Pharmacy Department

Name	Role
Emma Baker [EB]	Professor of Clinical Pharmacology, St George's, University of London
Haren Patel [HP]	GP Lead, North East London STP
Keith Ridge [KR]	Chief Pharmaceutical Officer; Supporting NHS England, the Department of Health, and Health Education England

1) Declarations of interest

Any remaining declarations of interest paperwork should be returned to the committee's secretary and any additional declarations made in year as appropriate.

Action	Lead
Ensure declarations of interest paperwork returned to secretary	BR/All

2) Welcome and introductions

The group was welcomed to their third meeting. A round of introductions followed.

The group discussed quoracy but concluded that this had been achieved against the operating model.

3) Matters arising

There were no matters arising that had not already been picked up in the agenda.

a) Draft minutes for approval

The draft minutes were received as an accurate record of the previous meeting.

Ashok Soni requested that his role is amended and should read "Community Pharmacist and Chair, London Local Professional Network for Pharmacy"

ML queried the timescale for distribution of the draft minutes to RMOC members and whether these could be made available more quickly. The group agreed that 2-3 weeks was a reasonable timescale.

b) National co-ordination of actions on MVP topics

The committee were informed that 3 papers were going to the national governance group (the Medicines Optimisation Oversight Group) which summarise approaches being pursued by each of the RMOCs on: biosimilars, polypharmacy, and anti-microbial resistance. It is hoped that discussions at the national level will help inform future co-ordination of actions across the 4 RMOCs on MVP topics.

c) National sharing of documents and draft recommendations between RMOC members

A revised process has now been established through the SPS secretariat team for this, with this supported through the RMOC website. For any given RMOC recommendation, the process from committee discussion to publication will now run:

- Initial draft produced subsequent to RMOC meeting by SPS secretariat lead, Regional Pharmacist, and Regional Medical Director; initial draft shared and refined through liaison with other Regional Pharmacists and Regional Medical Directors for each NHS England region
- Draft recommendations shared with broader national RMOC membership prior to official publication (through dedicated draft recommendations area on SPS website); any major inaccuracies or issues raised are addressed
- Final recommendations signed off by Regional Medical Director for given committee

This revised process was considered to be appropriate by the committee.

Action	Lead
London RMOC recommendations to be worked-up and published against the process described above	BR/WR/VD
Seek to ensure process described above is recognised formally in national operating model	BR/JS

d) Pharmacists in care homes update

The committee were informed that the programme overview had now been published for the pharmacists in care homes initiative. The planning guidance requires one final step through NHS England, and at that point the money will be released and commissioning of additional places can be pursued.

e) FreeStyle Libre

The committee were informed that detailed implementation guidance for London related to the national RMOC recommendations has now been finalised. This work was led by the London Procurement Partnership Medicines Optimisation team working closely with the London Diabetes Clinical Network and other STP level diabetes networks. The final implementation guidance is now available on the LPP website, and has begun to be approved together with the RMOC recommendation through numbers of APCs across London.

The committee wished to formally thank Vicky Chaplin from the LPP for all her work in helping to pull together this piece of work. The committee felt that Vicky and the LPP's efforts have been vital in enabling equality of access to the product across London in-line with the national RMOC position.

Action	Lead
Circulate the consensus resources developed by the LPP on implementation of RMOC FreeStyle Libre recommendations for London	BR
Report APC decisions for information to RMOC for next meeting (4th July)	WR

4) Anti-microbial resistance

a) Update from the national team

VD welcomed EBe to the meeting via telephone. EBe presented an update on the work of the national antimicrobial resistance team. Her presentation is available here: https://www.sps.nhs.uk/wp-content/uploads/2017/06/Item-3a-20180301-RMOC-London.pptx)

b) Update on London approaches

VD welcomed CCa to the meeting. CCa provided an update on the work since the last RMOC meeting. Her presentation is available here: https://www.sps.nhs.uk/wp-content/uploads/2017/06/Item-3b-AMR-and-AMS-for-London-RMOC-March-2018.pptx

c) Survey of stewardship actions in London

VD welcome SH to the meeting. SH provided an update in relation to the recently complete survey work to understand approaches to stewardship being pursued in secondary care across London. His report is available here: https://www.sps.nhs.uk/wp-content/uploads/2017/06/Item-5b-SPS-Polypharmacy-survey-report-FINAL.docx

Following the presentations, VD invited a group discussion. Points raised included:

- What does good practice look like in relation to the use of patient group directions? These are used widely in primary care urgent care centres; however, there is concern that anti-microbials included in them do not always reflect current best practice and resistance patterns. There is also suggestion of incidences of practitioners working outside of the terms of the PGD, as well as concern that anti-microbials used through PGDs are not captured in the patient record. Particular concerns exist in relation to trimethoprim and nitrofurantoin and their use within PGDs for UTIs.
- In primary care, and across the interface, a lot of good work is being undertaken within individual CCGs and through collaboration with providers. However, that work needs to be spread regionally and nationally where appropriate. Conversely, where there is variation in approach, there should be some process of identifying and improving such.
- The committee discussed whether sharing best practice could be improved and whether there was a role for a central repository of resources or a similar knowledge management system. Overall, however, it was felt that it would be difficult to produce something, and that although the resources are somewhat scattered currently, they are sufficient. The issues pertain more to implementation.
- For an individual CCG, the work was deemed to have a number of facets, but key to implementation of any strategy will be getting this onto the CCG board agenda. There will be various levers by which CCG board level engagement can be obtained, but a coherent case that identifies both quality and financial incentives for pursuing work will be powerful.
- Better involvement of community pharmacy was discussed. The committee felt that community pharmacists inputting to and extracting from the electronic patient record (and the inclusion of anti-microbials within such) would benefit stewardship overall. There is also clearly a role in relation to public health.
- Similarly, the dental profession has an important role; however, although they are well engaged, only their NHS prescribing (which is the minority of their prescribing activity) is covered in the epact dashboard.
- More broadly, the role of local authorities and public health needs to be recognised. Their particular role is mentioned in the NICE guidance on AMR and will be an important component of any whole health economy strategy.
- The risks of AMR are increasing given the level of resistance abroad. Therefore mitigations need to increase and the new UK AMR strategy, currently being written, will reflect that. The RMOCs must play their part in stewardship.
- The pharmaceutical industry is currently trying to better understand the root causes of medicines shortages in this area and is actively trying to ensure that previous issues are not repeated. In addition, in relation to the international perspective, the manufacturing aspects are currently being addressed with DEFRA; in particular the issue of resistance being introduced through water run off as part of the manufacturing process.
- With reference specifically to secondary care, the committee discussed anti-fungal stewardship. It was noted that specialised commissioning have responsibility for anti-fungal drugs that are excluded from the national tariff. The potential for developing a CQUIN related to anti-fungal stewardship was discussed. The presence of an ESPAUR report and the need to develop any CQUIN with acute trust input were raised. The particular requirement to improve diagnostic testing prior to anti-fungal initiation and to dissuade empiric treatment were also discussed.
- The potential presence of a CQUIN for 18/19 through specialised commissioning was raised. The committee discussed that such a CQUIN would need to be structured to ensure antigen testing is encouraged, and to prevent any perverse incentives. Any such

development work should link in with work being pursued by the ESPAR working group on anti-fungal stewardship.

- The committee agreed that the existing CQUIN on AMR has enabled organisational focus; however, it is a bit blunt in relation to considering usage over total usage.
- The committee suggested that within Trusts, executive Medical Directors, Executive Directors of Nursing, and Directors of Infection Prevention and Control should be involved in stewardship activities, and that overall stewardship should be overseen by the trust board and their quality committees. Communication of the results of the RMOC secondary care stewardship survey would be particularly valuable for these groups to see and act upon as necessary.

Action	Lead
Ensure results of the anti-microbial stewardship survey are made available within Trusts to executive Medical Directors, Executive Directors of Nursing, Directors of Infection Prevention and Control; stewardship should be overseen by the trust board and their quality committees	SH/BR/WR/VD
Continue to ensure the London RMOC is well sighted on the work of the NHS I national project leads	BR/WR/VD
Formally establish a London RMOC AMR sub-group, with an expectation of draft ToR to be available for the next London RMOC and regular reports thereafter	CC/BR/WR

5) Biosimilar medicines

VD invited the committee to review the papers that had been provided. WR and BR spoke briefly to each paper and covered that:

- The draft ToR for the London BVBM RMOC sub-group require the committee's comment and approval to enable the sub-group to be formally established.
- The latest LPP data, which covers uptake of infliximab and etanercept, continues to show an encouraging trend of improvement in relation to both of those medicines across London.
- A CSU-led survey is being undertaken currently. This is identifying numbers of Trusts (5) across London and pursuing a deep dive into the factors affecting uptake. The work is being conducted through semi-structured interviews with various groups (Chief Pharmacists, Finance Leads, Clinicians etc.) in the first instance.
- The HSJ briefing paper was provided to the committee for information. It has been written for VD to facilitate his attendance at an HSJ event which is seeking to understand biosimilar and BVBM issues in depth, prior to HSJ publishing a specific article.

A number of comments and points of discussion were raised by the committee:

- Overall the draft ToR for the BVBM group seem appropriate; however, a number of points in relation to membership were raised.
    - An acute provider Chief Pharmacist should be included on the group
    - Similarly, a clinician who has led a programme of switching work within a provider organisation should be included

  - A pharmaceutical industry representative should also be included (to be consistent with the approach being pursued by the South RMOC)

- The wording in ToR should cover BVBM throughout (reference to biosimilars specifically should be removed)
- The committee agreed that the LPP data continued to show a positive trend and that no further specific action was required on this (the BVBM group should focus primarily on the new introductions)
- Committee members who had taken part in the CSU survey were somewhat concerned that the wording suggests that their organisation "needs support" (given that this term is often used euphemistically in the NHS).
- Industry members raised that they were getting mixed messages on the procurement strategy the NHS was likely to pursue
- The HSJ briefing was generally considered to be an accurate reflection of the current overall position for London

Action	Lead
Update the BVBM ToR as suggested and re-convene the group; report back to the next RMOC	WR
Report back the results of the CSU survey to the RMOC	WR

6) Polypharmacy

a) Report on the London survey of actions

VD invited NB to talk to her recent survey, which covered both primary and secondary care, and related to actions being pursued across London. The report of the survey is available here: https://www.sps.nhs.uk/wp-content/uploads/2017/06/Item-5b-SPS-Polypharmacy-survey-report-FINAL.docx

b) Discussion and development of next steps

The committee thanked NB for undertaking the survey work on behalf of the RMOC. They noted the following:

- Although the survey response rate was not full, it nevertheless provides a useful baseline from which to plan the RMOC's actions; indeed, it is likely that the work over-estimates the extent of polypharmacy initiatives given that more engaged organisations are likely to have responded
- The results of the survey are helpful in understanding actions; however, it would also be valuable to marry up the report on actions with an understanding of the prevalence of problems at CCG level. A combined document on the survey and reported metrics at CCG level would be helpful.
- The survey does not indicate that there is a single tool which is universally accepted, although STOPP/START does seem to be used quite extensively
- The committee agreed from experience that, in general, polypharmacy is seen as a pharmacy as opposed to an organisational or STP level priority
- The WHO report on medication error published last year demonstrated this is a global problem, with medication error being the third global patient safety challenge. NHSI is

developing a programme aligned to the WHO report and with recommendations from the SLWG group chaired by Dr Keith Ridge. Polypharmacy is one of the key issues that needs to be addressed as part of this programme with the RMOCs expected to play a central role in such.

- This topic needs to be considered in the context of the recent Secretary of State announcement, which outlined an analysis of the research on the prevalence and economic burden of medication errors in the NHS in England (see: http://www.eepru.org.uk/wp-content/uploads/2018/02/medication-error-report-revised-final.2-22022018.pdf). The analysis suggests that that estimated NHS costs of definitely avoidable ADRs is £98.5 million per year, consuming 181 626 bed-days, causing 712 deaths, and *contributing* to 1 708 deaths.
- The SoS also announced a £75m investment in accelerating the deployment of hospital e-prescribing and medicines administration systems. It is likely that the PINCER intervention in primary care will be rolled out as an early action too, which has a direct link to polypharmacy.
- The work of other ALBs and other such bodies needs to be considered as part of the RMOC plan; in particular, the new licence given to AHSNs which includes Medicines Optimisation
- Other linked work needs to be brought into the RMOC plan, not least: activity to reduce medicines waste; the pharmacists in GPs and in care homes programmes; the de-prescribing and low value clinical medicines work; shared-decision making and person centred-care policies; the NICE key therapeutics topics work
- The committee considered that, much like AMR and biosimilars, the RMOC needs to be led by a sub-group to develop a programme of work on this issue

Action	Lead
Investigate inclusion of CCG level prescribing data and metrics in the report; refresh and re-circulate; use to inform development of plan	NB/BR/WR
Establish suitably constituted RMOC sub-group (to include pharmacist, GP, NHS E, and clinical pharmacologist input); report ToR and outline plan to RMOC for next meeting (4th July)	NB/BR/WR

7) Availability of College of Emergency Medicine antidotes and other Rarely Used Medicines

VD directed the committee to consider the papers that had been worked up to support this item. The committee noted that this was the first topic that had reached the London RMOC through the topic submission and priorities panel process that seeks to identify MO issues of relevance to the NHS and patients, and for which the RMOC has a developing role in enabling them to be addressed.

The committee considered the following:

- That it is valid for the RMOC to consider both issues as presented in the original submission and in the supporting documentation i.e. adherence against the existing Royal College of Emergency Medicine (RCEM) pan-regional antidotes list, and the broader issues associated with access to other rarely used medicines (RUMs).

- Within the above, the committee was minded that any RMOC recommendation on this issue should be tiered and structured to ensure:
    - firstly, compliance against the existing pan-regional antidotes national recommendation, with this deemed to be the priority area for organisations to pursue
    - secondly, a clear definition of what a RUM is, how a suitable national list of such can be determined, and how national and regional procurement strategies against such could be pursued
- In relation to the first tier, compliance against the existing national list, RMOC recommendations and subsequent monitoring against such will need to be undertaken in close co-operation with the Royal College of Emergency Medicine and their existing audit programme (led by Professor Paul Dargan).
- In relation to the second tier, the committee were made aware that SPS may have specific capacity to: develop a standardised definition of what a rarely used medicine is; define how national consensus on achieving a list of such could be achieved (with appropriate clinical input being particularly important); define how a standardised procurement and/or availability strategy could be achieved; define how monitoring organisational adherence against a standardised national RUM list could be delivered.
- The committee was also particularly mindful that in developing recommendations in this area, those must have application across England. And hence whilst existing London work could be cited were appropriate, the recommendation should be applicable and valid nationally. The committee appreciated that their recommendation cannot only consider the London context.

Action	Lead
Draft RMOC recommendation on this issue as per the committee's discussion captured above; circulate and publish as per RMOC process	BR/WR/VD
Engage with the RCEM prior to publication of RMOC recommendations in this area; ensure RMOC recommendations are consistent with RCEM plans to improve and monitor access to pan-regional antidotes	BR/WR/VD
Engage with SPS, and the SPS procurement teams in particular, in relation to work to develop a plan for improving access to a broader range of rarely used medicines	BR/WR/JS

8) Communicating RMOC messages, work programme generation, national vs regional progress

BR briefly updated the committee that a communications strategy is now in place through Keith Ridge's central comms team. Similarly, the national generation of the work programme is being developed through the priorities panel and governance group; the work-programme is then published in a single place on the website. In addition, a single monthly newsletter has been proposed which will be written and circulated via the regional pharmacists.

WR spoke to an update provided by Keith Ridge which suggested that it remains early days for the RMOCs, that the processes by which recommendations and resources are developed remain relatively new, and that adaptation is typical (and was the same when NICE and the SMC were first established).

9) AOB

No items of AOB were raised.

10) Dates for remaining meeting in 2018

The meeting dates for the remainder of 2018 are:

4th July 2018, 9am till 1pm

28th November 2018, 1pm till 4.30pm