Regional Medicines Optimisation Committee (RMOC) Meeting Minutes

Minutes of RMOC London meeting Date: 4/3/2020

Venue: G12 South Wing Council Room, University College London

Present:

Name	Title	Organisation
Richard Goodman ***Chair*** [RG]	Regional Chief Pharmacist (London)	NHS England & NHS Improvement (London)
Dr Haren Patel	GP Lead	North East London STP
Sumithra Maheswaran [SM]	Trust Pharmacist	London Ambulance Service NHS Trust
Ashok Soni [AS]	LPN Chair (Pharmacy)	NHS England (London)
Helen Williams [HW]	Clinical Director	Health Innovation Network AHSN
Reecha Sofat [RS]	Clinical Pharmacologist [Deputy for Aroon Hingorani]	University College London Hospitals
Vivek Soni [VS] (via teleconference until 11am)	Deputy Regional Pharmacy Lead – Specialised commissioning	NHS England & NHS Improvement (London)
Heather Weaver [HW] (via teleconference from 11.30am)	Regional Pharmacy Lead – Specialised commissioning	NHS England & NHS Improvement (London)
Observers non-voting		
Carol Blount	NHS Partnership Director	BGMA
Michelle Liddy	Medicines Implementation Consultant	NICE
Kym Lowder	Medicines Implementation Consultant	NICE
Mike Ringe [MR]	Commercial Policy Manager	ABPI
Professional secretariat non-voting		
John Minshull [JM]	Deputy Director	London Medicines Information Service
Hamza Quazi	Regional MI Pharmacist	London Medicines Information Service
Guests in attendance		
Mehreen Kassam	JFC Support Pharmacist	North Central London
Gurpal Grewal	JFC Support Pharmacist	North Central London
Invited Speakers		
Kamaljit Takhar (for item 6)	Deputy Chief Pharmacist Community Health Services	North East London NHS Foundation Trust
Lucy Nelson (for item 6)	Senior Clinical Project Manager	NHS England & NHS Improvement (London)
Dr Joanne Brady (for item 6)	Palliative Medicine Consultant	Royal Free NHS Foundation Trust
Dr Mamta Garg (via phone) (for item 8) [MG]	Consultant Haematologist	On behalf of British Society of Haematologists
Maria Roche (via phone) (for item 9)	Interim CEO	North East and North Cumbria AHSN
Victoria Spellacy (for item 9)	Life Sciences Manager	NHS England & NHS Improvement
Matthew Lawrence (for item 9)	Relationship Manager, Accelerated Access Collaborative Rapid Uptake Products	NHS England & NHS Improvement
Dr Charlie Davey	Hub Director DATA-CAN	UCL Partners AHSN

Apologies:

Name	Title	Organisation	Comments sent?
Dr Vin Diwakar	Regional Medical Director (London)	NHS England & NHS Improvement (London)	
Michael Vidal	Patient Partner		
Gaye Lewington	Director of Medicines Management	North East London CSU	
Prof Aroon Hingorani	Consultant in Clinical Pharmacology and General Medicine	University College London	Deputy sent
Dr Robert Urquhart	Chief Pharmacist	University College London Hospitals NHS Foundation Trust	
David Sherman	Consultant Physician, Gastroenterologist & Hepatologist	London North West University Healthcare NHS Trust	
Devika Sennik	Lead Pharmacist	South East London APC, Lambeth CCG	Yes

2. Welcome and declarations of interest

Ash Soni declared an interest relating to point of care testing in community pharmacy (item 14). No other declarations were made.

JM reported that the following people have stepped down for the Committee since the last meeting. The Chair thanked them for their contribution:

- Professor Emma Baker
- Chris Corfield
- Professor Albert Ferro
- Louise Dark

It was noted that is currently no junior doctor representation on the Committee, we have a non-voting observer post available. Haren Patel mentioned that a number of CCGs are merging in April, so we may want to wait for this to happen before reviewing membership.

Due to the number of apologies we have received in addition to resignations, RG informed the Committee that it was not quorate to make decisions, therefore will need to seek the Committee's agreement via email for any actions made during the meeting.

3. Minutes from last meeting 20/11/19

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

Mike Ringe requested that his job title be changed to Commercial Policy Manager.

4. Review of action log

The committee received an update on the following actions that are not covered in the agenda:

- **Action 35 and 36**: See ***Action 90***.
- **Action 73**: Michelle Liddy stated that there is currently no update compared to the information already on the website. There is a meeting scheduled with SPS next week. To be included for update at the next meeting.
- **Action 81:** Royal College of Emergency Medicine have been informed about the proposed arrangements for category C antidotes. They are in the process of updating their guidance. We will update the Committee if we are informed about timelines. This action was closed.
- **Action 87:** The names of the AMR SROs are included in this agenda papers. Action closed.

- **Action 89:** Nina Barnett has discussed with Vin Diwakar what polypharmacy projects we would like AHSNs in London to take forward as part of the 2020/21 NHSE/I contracting discussion. This action is now closed.
- **Action 90:** JM, RG and Nina Barnett have had discussions with the London AHSNs to understand what polypharmacy work they are undertaking. We will bring these findings together with the report from the National Overprescribing Review once it has been published. We will then make a decision about what RMOC infrastructure needs to be in place to support the polypharmacy workstreams across London Region. Decisions about what RMOC needs to do to support national polypharmacy priorities are paused until after the National Overprescribing Review has been published. This may include asking Nina Barnett, as Co-Chair of the Polypharmacy Subgroup to convene a meeting. RS reminded the Committee that whilst we are waiting for the National Overprescribing Review to publish its findings, there are projects that are going on locally at different organisations; therefore there may be ideas from these that we could take forwards. RG to convene a meeting with Nina Barnett and Emma Baker to discuss which actions can be taken forwards.

5. Update from MOPP, MOOG and other RMOCs

MOPP

RG advised the Committee that he has not yet received any minutes from the most recent MOPP meeting. When he receives these minutes he will formally update the RMOC.

MOOG

RG informed the committee that the MOOG last met in November 2019. The minutes have not been made available and RG was not at the meeting.

The key action for RMOCs to take forward from the November MOOG meeting is the revised RMOC Operating Model that was released in October 2019 [on this agenda]. There have been discussions to implement one RMOC in each of the seven NHS regions. The London region will stay the same.

RMOC

JM advised the Committee that the following new RMOC documents have been published on the SPS website since the November meeting:

- Position Statement: Oral Vitamin B Supplementation
- Standard Principles for Medicines Prior Approval Forms
- Advisory Statement: Sequential Use of Biologic Medicines

JM reminded the Committee that they had been asked to comment on the RMOC North Shared Care Consultation in December 2019.

6. London MO Topic: End of Life Care Medicines Administration Record (MAR) Chart

The Committee welcomed Lucy Nelson, Kamaljit Takhar and Dr Joanne Brady to present an End of Life Medicines Administration Record Chart that they have produced to be used across London. The Committee were informed that the idea to develop a regional end of life MAR chart arose as part of a quality improvement project in 2016, which considered aspects of care such as how we share information about end of life care between organisations, how people obtain medications and how medicines are disposed of. Scoping work was carried out, and all 32 CCGs in London were invited to get involved, of which 25 responded. From the responses, it was found that 16 different charts were being used. There was variation in quality of the charts in use, and it was agreed that a single, uniform chart for London was desirable. Three of these charts were considered by the working group as a potential London-wide chart.

The Committee was informed that there had been a couple of amendments made to the chart compared to the version that had been sent to them, including addition of an “allergy” section. Amendments continued to be made to the chart because it is hoped that it will be digitalised.

The Committee discussed where there was a clear opinion on when a chart should be reviewed once it has been written for a patient. Every 4 weeks has previously been suggested but they have also been told that it was not practical for GPs and district nurses. Other current advice suggested includes reviewing patients “regularly based on clinical judgement”, and if any doubt then to speak to someone for advice. As there is currently no best practice, the project team have agreed to go ahead with the chart and review the evidence base around this in a few years. The committee suggested that the chart add an interim statement that the evidence for frequency to review the chart is still a work in progress.

The Committee asked whether the chart is CQC compliant. JM will send Lucy Nelson the contact details for the CQC Medicines Optimisation lead to get a view on this. The Committee also suggested that the MAR chart could have a contact details box included, particularly as this is not a prescription, therefore needs something to indicate who authorised the treatment regimen.

The Committee was informed that it is hoped that the MAR chart will be launched in May. The project team asked the RMOC and SPS for help signing the chart off and with hosting. RG highlighted that currently the RMOC is an advisory group and not an authorising one, and therefore cannot formally authorise this. However, RMOC London can help by endorsing documents which the project team has produced. Dr Patel [HP] requested that the Committee consider approving the document for London, as otherwise it will have to be approved by the governance committees in each organisation across London. RG acknowledged that the role of RMOC London is changing and moving forwards we need to think about this role.

Sumithra Maheswaran requested further clarification regarding what is being meant by digitalisation. The committee heard that currently most areas have paper copies of the MAR chart which will get emailed to the GP they will sign it and then send it back to the patient via family or taxi service. As a result, many GPs want the MAR chart digitalised in order to use their electronic signature and email the MAR chart to the district nurse to be printed and taken to patient. This will streamline the process. HP suggested that making the MAR chart accessible through the GP system (e.g. EMIS Web) will be helpful for GP practices. The project team confirmed that the digital MAR chart is compatible with EMIS, but may not be compatible with other systems GPs are using. The Committee acknowledged that most practices in London use EMIS Web, but it is important that the project team are aware of the potential to use other systems.

JM advised the Committee that he had received a number of comments from Devika Sennik, who was not present at the meeting. She agreed that this is an important and valuable piece of work. JM has shared these comments with the project team. The comments relate to plans for implementation, training and implementation support. The project team assured the Committee that they have produced training slides and they can share these once they have a final product. There will be somebody available in each area that is familiar with the MAR chart and can deliver the training.

The project team is not funded in a way that will allow a big launch. They are hoping that the interested parties in each area will be able to launch for their locality. RG suggested that implementation could be facilitated by APC at a sub-regional level to share the MAR chart. Regional level approval for these to be adopted would be helpful. The Committee was clear that it is not in a position to take ownership of this document for review, however it can support the NHSE/I project team when a review is needed. The review date should be included on the MAR Chart.

Actions:

- JM to send details of Medicines Optimisation lead at CQC and NHSE/I CD Accountable Officer to Lucy Nelson
- Lucy Nelson to make amendments based on comments received
- Lucy Nelson to explore within NHSE/I whether there is a palliative care specific site that can host this resource
- JM to explore with SPS whether the website can be used to host the finished MAR chart
- JM to draft RMOC London advisory statement once final MAR chart produced
- JM to share draft RMOC London advisory statement with London Area Prescribing Committee leads
- The Committee to comment on and approve the advisory statement when requested

7. MOPP topic: Preventative medicines in pregnancy

The Committee were asked to provide an update regarding the MOPP topic about access to certain preventative medicines that are used in pregnancy, which was raised at the last meeting.

Jess Reid has been in touch with the Department of Health & Social Care about making amendments to the Midwife Exemption list. DHSC has agreed that it is sensible to extend this list and piece of work will start. We haven't yet been provided with a timeline for this.

The committee asked for a more formal report on the project plan and progress at the next meeting.

Actions:

- JM to include on next RMOC London agenda for update

8. MOPP topic: Antibiotic prophylaxis following splenectomy

JM informed the Committee that the MOPP has asked RMOC London to discuss the national recommendations for antibiotic prophylaxis following splenectomy, and make a recommendation about whether further guidance is needed in the system. This topic was submitted to MOPP because it is perceived that there is a shortage of clear information in this area. The most recent guideline on this topic from the British Society for Haematology (BSH) has been archived on their website and not updated. The BSH has informed the committee outside the meeting that they have formed a guideline development group and plan to update this guidance in the next 18 months. Although an update plan is in place, it is not clear whether the existing, archived guidance can be used until an update is produced.

The Committee was asked to consider three options:

1) Take no action and wait until BSH has produced its update in 18 months
2) Produce interim guidance
3) Provide an interim position statement directing users to the archived BSH guidance

The Chair welcomed Mamta Garg (MG) from BSH to the meeting via teleconference. MG advised the Committee that BSH policy is that any guideline older than 5 years is automatically archived. They have started the process of updating this guideline, which may take over a year. Currently they are aware of no new information about treatment post splenectomy. MG informed the Committee that they are still advising users to use the archived guideline as normal and the information stands true. Based on the limited information they have so far, other than a potential change related to vaccinations, they are not expecting any changes to medications. MG asked the Committee to inform her if they were aware of any new information that would be relevant to the guideline update.

The Committee asked MG to explore with BSH whether the guideline can be moved from the archive to active until the update is prepared. BSH is not keen to do this because it will now look like an update has been published. Following this, there was discussion about the possibility of BSH adding a statement that in the absence of new guidance, the archived version still stands. MG agreed to discuss this with BSH.

Further discussion was conducted following MG's departure from the meeting. The Committee suggested that BSH should explore adding a new category for guidelines that are older than 5 years but are still active. The Chair requested JM to obtain written confirmation from BSH on the above points.

The Committee discussed whether BSH is the only group providing guidance on this topic. Michele Liddy (ML) informed the Committee that NICE does not have this topic in its pipeline, and will feedback that this could be an option for their antimicrobial guidance. JM will check with BSH whether they want to refer this to NICE. The Committee agreed that, based on this information, it was unnecessary for RMOC to produce any interim guidance on this topic.

Post meeting note: MG advised the secretariat via email that BSH considers archived guidelines to be out of date and therefore are not the recommendations of the organisation. BSH will endeavour to get the guideline updated as soon as possible. In the meantime, they advise that there is information available in the Green Book and from the Department of Health.

Actions:

- JM to write to BSH making the recommendation about creating a status for guidelines older than 5 years, and liaising with NICE to identify whether this piece of work is suitable for collaboration.
- ML to feed within NICE that this topic could be suitable for an antimicrobial guideline
- JM to discuss next steps with Chair and BSH following the post meeting note above.
- Committee to inform MG if they are aware of any new information that may influence this guideline update.

9. Feedback from Operating Model Consultation in London

JM presented the Committee with a draft addendum to the RMOC Operating Model that can be used in London. This document recognises that the RMOC primarily has to work within the national Operating Model, and provides guidance on how it will operate to deliver the more regional-focussed aspects to its work. The addendum also acts as a way to agree how RMOC London will implement certain aspects of the national Operating Model (e.g. membership, frequency of meetings). Comments have been received from Chief Pharmacists and Area Prescribing Committee leads in London. The Committee has been provided with details of these comments and how they have been acted on.

The Committee had a wide ranging discussion about the London Operating Model Addendum. It was noted that the membership should have a broad range of experience, and that members need to be in a position to ensure implementation of Committee decisions. The Committee agreed that we should aim to have two GP members.

The Chair reminded the Committee that this addendum will allow us to move forward with operational arrangements. Importantly, we are not currently quorate therefore need to start recruiting new members as soon as possible.

The Committee agreed the Operating Model Addendum with no further amendments.

10. MVP: Best Value Medicines Implementation Group

The Committee reviewed a summary from the activities of Best Value Medicines Implementation Group (BVM IG) from December 2019 to March 2020. RG highlighted that London has achieved a high uptake of best value adalimumab, with usage currently at 86% in London. The BVM IG is confident that North Central London had reached 80% best value adalimumab usage by December 2019. It is known that Barts Health NHS Trust is still using a large proportion of Humira®; the BVM IG is working with them to encourage and support further uptake of best value adalimumab. BVM IG has requested an action plan from Bart's Health to understand how they will increase uptake of the biosimilar.

The Committee discussed the data pack produced by the NHSE/I Medicines Analysis, Strategy and Policy Team each month. This is used to inform BVM IG about variation in use of a range of items that are considered to be low priority for prescribing. It was noted that, according to these data, London is doing better than other areas of the country.

11. MVP: Accelerated Access Collaborative

The Chair welcomed Victoria Spellacy, Maria Roche, Charlie Davie and Mathew Lawrence to the meeting to discuss with the RMOC how we could work together with AHSNs and NHSE/I to support the Accelerated Access Collaborative Rapid Update Products (AAC RUP) programme.

The Committee was reminded that there are two groups of medicines included under Rapid Update Products: PCSK9 inhibitors (evolocumab and alirocumab) for hypercholesterolaemia, and cladribine for multiple sclerosis. A briefing document on how these products were selected was shared with the Committee.

PCSK9 inhibitors

The main barriers that prevent further uptake of PCSK9 inhibitors were identified: difficulties identifying patients; limited awareness amongst GPs that this treatment option exists; formulary restrictions (red drug); inconsistent measurement of LDL-C and complexity of treatment. It is thought that these barriers are consistent between organisations.

Six applications have been received by the AAC RUP programme requesting funding for support to address barriers to uptake. All applications included retrospective and prospective case finding. None of these applications were received from sites in London.

The Committee heard that there are plans to simplify the Blueteq form used by providers to signal who is receiving PCSK9i treatment and apply for funding. It is thought that the administrative aspect of this form is too burdensome and needs to be reviewed. There is a balance that needs to be struck between allowing CCGs to manage their own forms, and RMOC providing support to achieve a consistent approach across the country. The biggest concern is with Blueteq forms that do not follow current guidance on when PCSK9 inhibitors should be used; CCGs need to be supported to ensure all current NICE guidance is incorporated into forms. It would be helpful if RMOCs could facilitate development of consistent lipid guidance across all STPs. The Committee noted that there is a NICE treatment pathway in development (expected end of March), and a draft version of guidance on the AAC website. Once a NICE endorsed pathway is in place, AAC RUP would find it helpful if RMOC supports its uptake across London.

Data were shared that show a wide variation in use of high intensity statin and ezetimibe prescribing across different CCGs. This is being used as a proxy for overall lipid management. The variation across London CCGs is such that some GPs are as low as 50%, suggesting there is room to optimise and intensify lipid management. The Committee heard the AHSNs plan to support Trusts that are prescribing PCSK9 inhibitors to a low proportion of patients. There was discussion about the suitability of PCSK9 inhibitors for primary care prescribing; it was noted that a substantial barrier to this is the Patient Access Scheme prices that only apply in secondary care. This is one of the reasons that PCSK9 inhibitors are often on formularies for secondary care prescribing only (red drugs). Limitations with access to homecare is one reason secondary care may be struggling to make available to more patients.

The Committee was shown a slide about inclisiran, a new agent in development as a twice yearly injection to reduce LDL-C levels. It was suggested that this agent may be subject to a fast-track review when it has been marketed. The Committee sought clarification that this agent is not currently part of the AAC RUP programme as it is neither marketed nor approved by NICE.

Helen Williams asked the representatives from the AAC RUP programme where they anticipate bempedoic acid will sit in the pathway as it is a cheaper, oral agent. This agent is currently on the NICE workplan. We will have to wait for the findings of their health economic assessment before we can be sure it will be a cheaper option.

The Chair asked AAC RUP what they want RMOC to do as a Committee that will help them meet their objective to increase appropriate use of PCSK9 inhibitors. Support with implementation of lipid management guidance, uptake of a standardised Blueteq form, connecting with individual area prescribing committees in London and discussing uptake data with Trusts that have low use of PCSK9 inhibitors were all identified as options. The Chair asked Helen Williams to ensure she is linked in with the development of lipid management guidance on behalf of the RMOC system. The Committee noted that there is a 6-weekly call between AHSNs and RMOCs to discuss PCSK9 inhibitors, to which Helen Williams could provide useful input.

Actions:

- RMOC to raise awareness of the lipid management pathway that NICE is in the process of endorsing
- Helen Williams to contact AAC RUP team to provide expertise to lipid management guidance
- JM to contact Chair or Secretary of each APC in London to arrange for them to discuss lipid management guidance and standardised Blueteq forms
- JM to include PCSK9 inhibitor data to be discussed at next BVM IG agenda
- Vicky Spellacy to share findings from audit of formulary and Blueteq status to discuss at BVM IG
- RG to explore getting invitation for HW to AHSN/RMOC 6-weekly telephone call about PCSK9 inhibitors

Cladribine

Dr Charlie Davey advised the Committee that UCL Partners is leading the national RUP programme for cladribine. Dr Davey highlighted that there has been good clinician engagement with uptake of this product; there are two clinical facilitators in place (north and south of England). One of the key problems with uptake of cladribine has been around the need for an MRI scan. NICE guidance has now been issued that removes the need for this, which is expected to facilitate further uptake. Cladribine is anticipated to be a more attractive treatment option for multiple sclerosis patients as it is oral treatment and may have a better side effect profile. The Committee noted that cladribine is one of multiple medicines used in the treatment of MS.

London hospitals are generally high users of cladribine. It is thought this is because many London centres were involved in the initial research into the drug. There is a relatively small community of prescribers. Imperial College Healthcare is a low prescribing outlier in London, therefore a key priority of the AAC has been to have peer to peer conversations with consultants there. NHSE/I has facilitated this, highlighting that the specialist pharmacist sitting on the AAC group is based at Imperial.

Barriers to prescribing cladribine that have been discussed include Blueteq form activation, concerns about cancer risks which led to FDA approval being lost, and hospitals with large infusion centres not incentivised to switch to oral therapy.

The Committee noted that cladribine is only one treatment within a basket of options. Consultants should continue to have person-centred conversations to ensure the best treatment for a patient is selected.

Charlie Davey informed the Committee that the AHSN is working with Merck (the manufacturer of cladribine) to deliver workshops to clinicians likely to prescribe cladribine.

The AAC RUP team suggested that it would be helpful for a standard Blueteq form to be produced. JM will explore with RMOC South whether this is something that is being taken forwards. If not, the AHSN was asked to make a formal request of us if they want RMOC to take anything forwards.

RG noted that London-wide data on prescribing variation is useful and powerful. No one likes to be near the bottom. RMOC London can take this through the BVM IG, which means it will be shared with ICS lead pharmacists. AAC RUP team were asked to provide us with this data monthly.

Actions:

- JM to contact RMOC South to identify whether national Blueteq form in development
- Dr Davey to contact JM when the AHSN needs RMOC input
- Dr Davey to co-ordinate with JM to ensure data is available for BVM IG to discuss

12. Polypharmacy: Overprescribing Review Update

RG provided the Committee with an update on the National Overprescribing Review, which was launched with the help of RMOC London in May 2019. Following the National Overprescribing Review Opening Symposium (NOROS), a Short Life Working Group was established, which is Chaired by Keith Ridge. The SLWG has met three times. The SLWG has five subgroups: Culture and practice of prescribing including social prescribing, Transfer of care, The role of digital technologies, Improving the management of repeat prescribing and Research and evidence. The SLWG has considered information it received from NOROS, together with other recent information such as the Public Health England Prescribed Medicines Review from September 2019. The Committee noted that the output from the SLWG has been delayed due to Purdah rules around general elections.

Each of the five subgroups has been asked to provide two recommendations by the end of March. After this the recommendations will be finalised and these will be tested in professional engagement sessions to ensure nothing significant has been missed and to ensure that clinical colleagues feel they are right.

Following the engagement exercise, a report will be sent to the Secretary of State for approval. It is expected that this step will occur at the end of April 2020.

The Committee asked why the subgroups were being limited to only two recommendations each. RG advised that this is to ensure that they are focused, but expects some to come back with more than two.

There are no actions for RMOC London at the moment. This will be discussed at the next RMOC meeting.

13. Polypharmacy: Multicompartment Compliance Aids

JM reminded the Committee that it had requested two pieces of work about Multicompartment Compliance Aids. One was a request to produce a tool that highlights all the other interventions that can be used to improve adherence and compliance. JM presented the Committee with a document that had been produced in Northwick Park Medicines Information that pulled together as many options as they were aware of. The document is aimed at pharmacy and social care professionals to make sure they are informed about the different options for supporting adherence. The committee were asked to endorse the document. It incorporates discussion about the different aspects of adherence difficulty a person may be experiencing, which is based on the COM-B model developed at KCL.

Overall the committee considered the document to be an excellent resource. Suggested improvements from the committee included adding a contents page, including a disclaimer stating that the list is not comprehensive, and removing the pricing information as this is expected to become outdated quickly. The Committee asked JM to add an appropriate review date. JM will explore other options for linking this with compliance aid work.

The Committee agreed to endorse the document in principle.

JM updated the Committee on the Project Initiation Document for a national compliance aid project that RMOC London had supported development of. This was discussed with the Deputy Chief Pharmaceutical Officer, who is of the view that we should approach the Pharmacy Integration Fund to support implementation as there are elements of Transfer of Care Around Medicines (TCAM) that are relevant to them.

Actions:

- SPS to publish the Multicompartment Compliance Aid document
- JM to write to the Pharmacy Integration Fund to support the PID

14. AMS: Antimicrobial Resistance and Stewardship Subgroup Report

The Committee noted the update report from the AMR/AMS Subgroup, which included a copy of the AMR/AMS Subgroup Strategy. The committee agreed to align to the national strategy.

Sumithra Maheswaran stated that she needs to look into what is happening regarding antimicrobials being used by LAS 111/IUC and will seek to integrate into any work being done.

The Committee agreed that the AMR/AMS Strategy was sensible and approved it.

Actions:

- Sumithra Maheswaran to contact JM regarding antimicrobial stewardship in London Ambulance Service.

15. AMS: Sore Throat PGD

JM informed the committee that the sore throat PGD for use in the urgent care setting is approaching completion. There is hope that this should be signed off from both a clinical and governance point of view, and then authorised nationally.

Actions:

- JM to inform RMOC London when PGD completed

16. AOB

a. JM reminded the Committee that they have been asked to approve a document from RMOC North: The process for development, review and authorisation of National Shared Care Protocols. As the Committee is not quorate, JM will contact Committee members via email to get this approved.
b. RMOC North is working on a draft shared care guideline for amiodarone.

17. Date of next meeting

The date and venue of the next meeting are yet to be agreed.

Contact: rmoc.london@nhs.net (for enquiries relating to these minutes)
rmoc.coordinatinghub@nhs.net (for general enquiries)