Regional Medicines Optimisation Committee (RMOC) Meeting Minutes

Minutes of RMOC (London) meeting Date: 01/10/20

Microsoft Teams virtual meeting

Present:

Name	Title	Organisation
Dr Vinod Diwakar ***Chair*** [VD]	Regional Medical Director (London)	NHS England & NHS Improvement (London)
Richard Goodman ***Vice Chair*** [RG]	Regional Chief Pharmacist (London)	NHS England & NHS Improvement (London)
Dr Haren Patel [HP]	GP Lead	NHS City and Hackney CCG
Ashok Soni	LPN Chair (Pharmacy)	NHS England & NHS Improvement (London)
Helen Williams [HW]	AHSN Medicines Optimisation lead	Health Innovation Network AHSN
Vivek Soni	Deputy Regional Pharmacy Lead – Specialised commissioning	NHS England & NHS Improvement (London)
Dr Robert Urquhart [RU]	NCL ICS Chief Pharmacist	University College London Hospitals NHS Foundation Trust
Brigitte van der Zanden	SWL APC Chair	NEL CSU
Moira Coughlan	NEL ICS Chief Pharmacist	East London Health & Care Partnership
Dr Sarah Hall	NEL APC Chair	NHS Tower Hamlets CCG
Kheelna Bavalia	PCN Clinical Advisor	NHS England & NHS Improvement (London)
Michael Vidal	Patient Partner	
Theodora Michael	NWL ICS Chief Pharmacist	NHS Brent CCG
Nick Beavon	SWL ICS Chief Pharmacist	NHS South West London CCG
Dr David Owen	NWL APC Chair	Imperial College London
Devika Sennik	SEL ICS Chief Pharmacist	NHS South East London CCG
Dr Sarah Hall	NEL APC Chair	NHS Tower Hamlets CCG
Prof Albert Ferro	SEL APC Chair	Kings College London
Dr Reecha Sofat	NCL APC Chair	University College London
Observers non-voting		
Carol Blount [CB]	NHS Partnership Director	BGMA
Carolyn Heaney	NHS Engagement Partner	ABPI
Michelle Liddy	Medicines Implementation Consultant	NICE
Professional secretariat non-voting		
John Minshull [JM]	Deputy Director	London Medicines Information Service
Varinder Rai	Regional MI Pharmacist	London Medicines Information Service
Guests in attendance		

Alison Alvey	Interim Co-Director	South West Medicines Information Centre
Liz Clarke	APC Pharmacist	NHS Surrey Heartlands CCG
Ashley Marsden	Medicines Optimisation lead	North West Medicines Information Centre
Phil Thomas	Head of Policy	NHS England & NHS Improvement
Invited Speakers		
Jas Khambh (for item 10)	LPP Chief Pharmacist	London Procurement Partnership
Nina Barnett [NB] (for item 9)	Consultant Pharmacist, Care of Older People	NHS Specialist Pharmacy Service
Lucy Reeves (for item 8)	Chief Pharmacist	Camden and Islington NHS Foundation Trust
Nicola Greenhalgh [NG] (for item 8)	Lead Pharmacist for Mental Health,	North East London NHS Foundation Trust
Caroline Stirling (for item 7)	Consultant in Palliative Medicine	CNWL NHS Foundation Trust
Lucy Nelson (for item 7)	Senior Clinical Project Manager	NHS England & NHS Improvement (London)
Vincent Kirchner (for item 8)	Medical Director	Camden and Islington NHS Foundation Trust

Apologies:

Name	Title	Organisation	Comments sent?
Malti Varshney	Clinical Networks, Deputy Director	NHS England & NHS Improvement (London)	

1. Welcome and declarations of interest

JM reported that the following posts are available on the Committee: two Patient Partners, one GP and an early career physician or clinical fellow. To help recruit Patient Partners it was suggested to make contact with NHS England for public volunteers and HealthWatch. For GP recruitment, contact should be made with the chairs of the STP Boards. It is hoped that the mental health post will be filled by the chair of the Cavendish Square Group.

HP requested an updated list of voting and not-voting Committee members. JM clarified that observers do not have voting rights but all Committee members do.

No conflicts of interest were declared. JM asked for all Committee members to complete a declaration of interest as there have been changes made to the form and send these back within a week. Members of this Committee should select NHS England as the appropriate employment contract to select on the form.

There was a request for a register of interests to be circulated to Committee members which was agreed by the chair and other members.

Actions:

- Committee members to complete declaration of interest
- JM to circulate the completed declarations of interest to Committee members
- RG to contact NHS England and Improvement Patient Partner Team
- JM to reach out to HealthWatch to help recruit Patient Partners

Post-meeting note:
The term ICS Chief Pharmacist has been used for the person providing senior pharmacy leadership from an ICS area. Although it is acknowledged that ICS Chief Pharmacists have not yet been recruited, and not all attendees occupy this role, it has been decided to keep this term as it is aligned to the expectations of recent IPMO guidance, and the representative at RMOC attending on behalf of someone acting in such a capacity.

2. Minutes from last meeting 04/03/20

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

3. Review of action log and matters arising

The action log will be circulated post-meeting and the Committee is requested to review the log and submit any comments within a week of receipt.

Actions:

- JM to circulate the action log for Committee commentary

4. Updates/feedback

MOPP
RG summarised the function of the RMOC and MOPP for new Committee members. The updated operating model published on October 2019 is available here https://www.england.nhs.uk/publication/regional-medicines-optimisation-committee-operating-guidance-and-recruitment-information/. One of the main changes set out in this model is a focus on regional oversight and implementation of national medicines priorities, with the ability for each RMOC to identify and oversee the implementation of local and regional medicines optimisation priorities. An addendum for the London RMOC is available here https://www.sps.nhs.uk/wp-content/uploads/2017/06/London-RMOC-Operating-Model-Addendum_062020.pdf. This is now seen as template of good practice for regional and national workstreams in England.

RG informed the Committee that the MOPP has not met since the start of the COVID pandemic due a drop in topic submissions. It was mentioned that there may also be a lack of awareness of the role of the MOPP that could be a contributory factor to low submissions. The Committee members were requested to engage with their respective organisations and ask them to submit topics via the SPS portal (https://www.sps.nhs.uk/topic/) that would benefit from a national Do Once approach.

MOOG
The MOOG have met twice this year, the first meeting discussed lessons learned from COVID and the last meeting discussed the re-launch of the RMOC system. A code of conduct was agreed in principle and will be shared with the system in due course. Antimicrobial stewardship, best value medicines and low priority prescribing continue to be medicines optimisation priorities across England.

RMOC
Phil Thomas advised that the national RMOC day which is usually held in the autumn has been cancelled.

JM advised the Committee that two RMOC's have met since the summer. RMOC South had the following key topics on their agenda: draft guidance on hydroxychloroquine retinopathy monitoring, a briefing paper on subcutaneous infliximab, an insulin glargine toolkit and buprenorphine substance abuse pathway. Associated documents are in the process of final amendments and will be shared for consultation with the RMOC system over the next few weeks. The RMOC North's shared care guidance is awaiting approval by NHS England. It was noted that significant comments were received from across the country and these are all available to view on the SPS website under RMOC North. JM will seek clarification on the RMOC process for sharing a revised copy of documents post review. Two shared care protocols are currently awaiting NHS England approval and will then be made available for RMOC consultation.

Actions:

- Committee members to engage with their respective organisations and ask them to submit topics that would benefit from a national Do Once approach.
- RG to share the Code of Conduct documents with the Committee members when he receives it.

- JM to share documents for consultation from RMOC South when he receives them
- JM will seek clarification on the process of receiving revised copies of RMOC documents and inform Committee.

5. London MO Topic: Pan London Symptom Control Medicines Authorisation and Administration Record (MAAR) Chart

The Committee welcomed Lucy Nelson and Dr Caroline Stirling. The Committee heard an update on the Pan London Symptom Control Medicines Authorisation and Administration Record Chart which is now being used across London:

- The approval and implementation of the chart was expedited due to COVID and version 3 is currently in use.
- The ICS leads have taken responsibility for implementation of the chart across their system and there is widespread use in London.
- The chart has been launched in North Central, North East and North West London ICS; South West London will be launching spring 2021. South East London ICS has obtained CCG ratification and is awaiting secondary care DTC approval. The palliative group will then lead on implementation and roll out of the chart.
- London hospices have been briefed on the new chart.
- In addition to supporting the symptom control of those in the last days of life, the chart can be used for symptom control in patients unable to swallow – e.g. conditions GI failure, head and neck cancer etc.
- There is currently an overlap with the previous charts in use but these will be removed from circulation by the end of the year.

A Committee discussion followed and members commented:

- The anecdotal experience of using the chart has been positive and currently no significant issues have been raised
- Terminology used in the policy and procedure should be amended for future updates as medicines are authorised on the chart and not prescribed. It was noted orders should only be completed by qualified prescribers.
- A review date should be built in 6 months post publication which aligns with the 6 month implementation timeframe post publication
- It is important the chart and documents are ratified at primary care level and the wording in the action for commissioners and providers should include 'ratification at the APC or equivalent'.
- Data on ratification of the chart across the various committee's in the individual ICS would be useful for governance purposes

The RMOC (London) were asked to approve the advisory statement to support the use of the MAAR chart and the associated documents. The Committee supported the advisory statement with the following clarifications requested:

- Use of language that clarifies the chart is for use in primary care and for those patients moving from secondary care into primary care
- Review reference to 'prescribing/ prescription' in policy and procedure so it is clear on the chart that medicines are authorised and not prescribed.
- In instances where a chart has been completed and a new one is started, the old chart should be struck through, signed and dated by the prescriber. Where an instruction has been made to another clinician to do this, it should be signed and dated by the other clinician, who must also annotate the completed chart with the name of the prescriber who instructed this action and the date and time the instruction was given..

The Committee agreed these changes could be made as part of the update to version 3 in process of paediatric consultation. Lucy Nelson thanked the RMOC (London), RG, JM and the LCAG for their input and agreed the above requested clarifications would be reflected in version 4.

Caroline Stirling thanked the committee for their support with the process.

Actions:

- Lucy Nelson and JM to amend advisory statement based on comments above and share with London system for 4 weeks to receive comments

- The Committee agreed to the advisory statement being approved via Chair's Action following the above process
- Lucy Nelson to make amendments as requested for MAAR chart version 4

6. London MO Topic: Priadel switching

The Committee welcomed Lucy Reeves and Nicola Greenhalgh to present documents prepared on Priadel discontinuation and lithium switching for pan-London use. The documents have been developed in consensus with mental health Trusts across London to achieve a standard approach. The RMOC (London) is requested to make a recommendation on the first line option of switching to Camcolit, review the consultation process so far and consider whether full consultation in primary care should take place, and make recommendations on implementation.

The Committee heard the following from Lucy Reeves:

- The issue around the different brands and formulations is complex. The alternative brand Camcolit (400mg) is not licensed to be split in half to give a dose of 200mg; although it was noted that tablets are scored and can be split in half for ease of swallowing. The alternative option is to use the 250mg immediate release preparation to make up the total dose but this would result in two prescription charges and there is also a risk of error.
- National guidance has been developed by the Royal College of Psychiatrists which is due for publication. Few Committee members have had sight of the document, but it was noted that the national message was the same as the London guidance.
- The pan-London work started before the national guidance was drafted; it provides more detail and would be useful to support implementation of the switching programme.

The Committee considered and discussed the following points:

- The pan-London documents produced are very helpful and should align with the national document. The patient information can be used to support conversations. There was some comment that there may be benefit in reducing the length of the 25 page document.
- NG explained that although the data is old, Priadel and Camcolit display very similar pharmacokinetics so they do not anticipate an issue in relation to adverse effects. The issue on brand prescribing is a historical one when the pharmacokinetics for each brand were different but these are no longer available.
- It was noted that the mechanism of release is not affected by splitting the Camcolit tablet but the tablets should not be crushed.
- The manufacturing process of the modified release preparation which is essentially the same as the immediate release 250mg tablet but they are licensed differently in terms of release mechanism.
- If there is enough Camcolit in the supply chain to support the first line switch. It was noted that the product is manufactured by the same company as Priadel. Conversations are on-going with the NHS and the company; currently there are no known supply issues.
- The cost of the different brands and the 250mg immediate release preparation was noted to be the most expensive.
- To utilise EMIS or SystmOne using specific searches to identify relevant patients.
- ML asked that clarification be provided on the process the RMOC follows for endorsement of materials.

The Committee thanked Lucy and her team for their hard work in producing this guidance. The RMOC supported the documents which have been developed for pan-London use. It was agreed it was important to await the publication of the national work and ensure the messages are aligned. The Committee thought the pan-London work will be valuable to support implementation. It is key there is a co-ordinated approach across London and the documents are received across the APCs. The Committee requested for the authors to seek APC engagement before approval of the recommendations.

Actions:

- LR and NG to consider the Committee request to simplify the guidance document and review as necessary.
- LR and NG to review the national guidance and ensure the pan-London guidance are aligned with the national recommendations.
- LR and NG to engage with APCs and then bring the guidance back to RMOC for approval

Post-meeting note:

- *CB advised the secretariat that Essential Pharma (manufacturer of both products) is not a BGMA member and we do not have any information on the supply situation with Camcolit. As we understand it, both products are branded generics and with respect to supply issues or shortages, the point of contact for manufacturers is DHSC.*
- *In terms of pricing which was mentioned separately in the discussion, branded generics are included in the national pricing schemes (either the Voluntary Scheme or the Statutory Scheme) and the point of contact for manufacturers on price changes is also DHSC.*
- *A Supply Disruption Alert update has been issued for Priadel 200mg and 400mg on the 09/10/2020 which advises that Essential Pharma has informed the DHSC of its decision to reverse the discontinuation of Priadel from the UK market with immediate effect, whilst facilitating pricing discussions. As such the discontinuation notice issued to DHSC earlier this year has been withdrawn. In light of this, clinicians across all healthcare settings are advised that there is no longer a need to implement system wide switching of patients from Priadel tablets to an alternative lithium carbonate preparation until further notice.*

7. Polypharmacy: Subgroup update

The Committee welcomed Nina Barnett (Consultant Pharmacist; Care of Older People, Specialist Pharmacy Service) who spoke of her work to date on polypharmacy on behalf of the RMOC. This included a survey conducted in 2018 which covered both primary and secondary care, on actions being pursued across London in relation to polypharmacy. In addition, a report was written in 2018 on medicines optimisation reviews to reduce inappropriate polypharmacy and promote safe deprescribing which was subsequently updated in August 2019 to ensure it remains in line with current policy (the literature review was not repeated). This updated report is published on the SPS website.

NB informed the Committee there has been a pause in London activity since the national overprescribing review initiated in 2018 and the publication of this review is now imminent. London is the lead RMOC on behalf of the RMOC system and within that framework NB was asked to re-establish a Polypharmacy Subgroup to focus on implementation of actions to tackle inappropriate polypharmacy in the Capital; NB and Prof Emma Baker are Co-Chairs of the RMOC Subgroup. They have approached the CEOs of the three London AHSNs to identify a medical polypharmacy lead who can act as Vice Chair. The Polypharmacy Subgroup will work with the Regional Chief Pharmacist and STP Senior Leadership to identify and implement strategies to improve polypharmacy. Work will focus on national polypharmacy priorities, reviewing and monitoring variation in practice across London and enabling improvements in outcomes. The new GP contract Directed Enhanced Service: guidance on structured medication reviews and medicines optimisation will have impact on the methods of reviewing polypharmacy and will be taken into consideration.

The Committee were asked to provide comments on the proposed Terms of Reference of the subgroup, provide recommendations on the role and scope and potential activities, and provide recommendations on membership. A discussion followed and the members commented:

- Polypharmacy issues related to care homes should be seen as a separate piece of work.
- The use of language referring to commissioners and providers should be reviewed as in the London region collaborative decisions are made across healthcare systems.
- The importance of community pharmacy representation and engagement of this sector with the subgroup.
- NB was asked to consider whether the following amendments to the membership would be valuable:
    - Professor John Weinman with reference to the adherence work that has been conducted
    - Patient representative
    - Medicines safety pharmacist
    - Social care representative
    - Primary care pharmacists
    - Community pharmacy groups
    - Industry

Following the discussion the Committee approved the ToR based on the considerations above being taken into account. NB requested for the Committee to provide support to fill gaps in membership and offer recommendations.

Actions:

- RMOC (London) members to recommend members suitable to sit on the Polypharmacy subgroup.

8. RMOC (London) workplan

JM reminded the Committee that as part of the London Addendum to the Operating Model, it was previously agreed that the RMOC London work programme will be developed with reference to the following components:

a) NHS London Procurement Partnership (LPP) Medicines Optimisation work programme to be shared for RMOC to identify priority areas where it can add value
b) STP/ICS Medicines Optimisation leads to identify top 5 medicines optimisation priorities
c) Each London APC to share its work plan for RMOC to identify areas to deliver once for London
d) RMOC London subgroups to identify topics through use of subject matter experts

Topics should be submitted by the end of November. It is the ambition of RMOC (London) to have a work plan agreed for 2021 at the next meeting of the Committee in January.

JM and JK presented the LPP work plan with priority areas identified that RMOC could add value to. An endorsement from RMOC would help support uptake of new LPP guidance produced. It was thought a similar approach could then be taken for the other workstreams. The Committee will subsequently be asked to think about how the RMOC will prioritise the work to ensure the list is manageable and achievable.

The chair invited the Committee members and speakers to make initial comment on the LPP/RMOC workplan. The Committee discussed the workplan 'Re-establish the responsible prescribing group – pain', and if there is an opportunity for RMOC to link in with regards to opioid prescribing. Any work generated should be mindful of the NICE guidance (Chronic pain due on January 2021; NG59 low back pain and sciatica updated September 20). RG reminded the Committee that the opioid work sits under a broader context and there is an on-going Public Health England priority on this.

The chair commented that it would be useful to have more background to how the priorities were generated to give the RMOC opportunity to reflect. JK informed the Committee that the LPP workplan has been developed with other Formulary groups across London. The priorities have been developed in conjunction with each APC in London in addition to discussion and agreement with the LPP MOPP Board which includes STPs representation. It was agreed that it would be a good idea to provide this detail as part of a wider piece of work looking at all suggestions to the RMOC (London) work plan.

Actions:

- JM to bring this agenda item back for the next meeting, including further background detail on priorities.

9. MOPP topic: Preventative medicines in pregnancy

JM provided an update on the MOPP topic on access to preventative medicines that are used in pregnancy (LMWH, aspirin and folic acid). The Short Life Working Group (SLWG) has met and has good representation across the system and including the relevant Royal Colleges, SPS, the national PGD group, NHS England, pharmacists and midwifes working in the relevant sector. The SLWG meetings are held quarterly. Two subgroups have been established: one to work on changes in midwifery exemptions that are out dated but likely to take around 2 years for policy review, and one to look at development of PGDs that can support medicines supply in the interim.

10. MVP: Best Value Medicines Implementation Group (BVM IG) Report

The Committee received an update on the BVM IG. The meetings since March 2020 were cancelled due to Covid-19 pressures. The group reconvened on 9th September and the focus of the September meeting was to re-establish the workplan.

The NHS LPP continues to produce a report on the uptake of best value adalimumab, etanercept, rituximab, teriparatide and trastuzumab. The reduction in the London achievement of uptake of biosimilar adalimumab was caused by a switch in the contract that applies to South London. There is a now a plan in place to transfer patients

over. BVM IG noted that Bart's Health were still using a large proportion of Humira®. There is an implementation plan to increase BVM adalimumab usage. Adalimumab switch back will be discussed further at the next BVM IG meeting and any learning from North London will be applied.

The NHSE/I Medicines Analysis, Strategy and Policy Team continue to produce a monthly prescribing data pack detailing progress against low priority prescribing (LwPP) and OTC Prescribing policies. This data pack is shared with the BVM IG and with key individuals from each of the London STPs. The pack can be shared with NHS colleagues and will be discussed further at the next BVM IG meeting.

No additional actions for cladribine were identified this month.

HW informed the Committee of data which shows that 34 Trusts across England have uptake of PCSK9 inhibitors, with one-third of these are in London. The Accelerated Access Collaborative (AAC) rapid uptake programme is considering the whole pathway of lipid management and the RMOC has been asked to encourage implementation of the lipid management and statin intolerance pathway across the Region. The local AHSNs in those geographies that have not had uptake are now reviewing the barriers to uptake. One issue highlighted as a barrier is the Blueteq form for pre-approval of PCSK9 inhibitors. It was noted that the appropriate use of Ezetimbe can reduce the uptake of PCSK9 inhibitors

VD commented there has been a recent meeting of the five ICS's in London, which established that there are multiple challenges to overcome in achieving the national ambition on Familial Hypercholesterolaemia. JM has been unsuccessful in getting the full data and although a target has been set he has not been able to get information on this target. HW reported that a clinical advisory group has been set up as part of the broader national programme and she will endeavour to get the data through that.

MV raised a question on adverse effects with biosimilar switching and JM responded that patients are switched in a patient centred manner. When there is a concern e.g. citrate content, this would form part of the biosimilar switching program. RU commented that biosimilar molecules are very similar to the main reference product and there have now been many years of experience in switching, with the appropriate monitoring carried out and a patient consultation process.

JM presented a slide on the British Inherited Metabolic Disease Group (BIMDG) Metabolic Formulary on medication. The Bristol NHS Foundation Trust is leading the national group and London has representation from UCLH, Great Ormond Street Hospital and the Evelina. The resource is primarily to support prescribers, and has information on the drugs mechanism of action, how they are funded, and information on PbR excluded and included drugs. The formulary can be found here: http://www.bimdg.org.uk/site/formularies.asp. JM clarified that the RMOC has not been asked to endorse the formulary but only to raise awareness and share with the APCs. A question was raised if there is any commercial interest in the group and JM will ask RMOC South, who asked us to look at this.

Actions:

- JM to request information from RMOC South on commercial interest in the BIMG.

11. Polypharmacy: Overprescribing Review Update

RG provided the Committee with an update on the National Overprescribing Review. The final report is due on the 21st October and expected to be received by the Secretary of State in November. The report will have two to three recommendations on each of the five areas reviewed: 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. Once the report is received there will be a focus on implementation of the recommendations.

12. AMS: Antimicrobial Stewardship Subgroup Report

The Committee received an update on the AMR subgroup. The March and May meetings were cancelled due to Covid-19 pressures and two meetings have taken place, in July 2020 and September 2020. The July meeting brought members back to share experience of Covid-19 and align systems. The membership of the group was refreshed and there was SRO representation from across the five STPs. Many of the key themes, such as hydration training in care homes and antibiotics in urgent care settings were deferred due to Covid-19. Both of these topics will be picked up at the next meeting. HP reported he has previously done a significant amount of work on hydration but due to issues

around governance (e.g. payment, responsibilities, audit etc.) the work was not able to continue. HP suggested for the AMR subgroup to start with the governance matters first.

A paper on Antifungal Stewardship was presented on the clinical importance of AFS, a workstream was agreed and commitment from each lead SRO to work on this. Following publication of the NICE COVID-19 rapid guideline (NG165) on managing suspected or confirmed pneumonia in adults in the community a survey was conducted and the members heard feedback on the qualitative study.

Actions:

- JM to share data on antibiotic prescribing during Covid-19 with the Committee.

13. AOB

RG informed the Committee that a significant amount of work is being done as a single national workstream on supply of critical medicines to prepare for second wave of Covid-19 and Brexit.

14. Date of next meeting – 12 January 2021: 0900 to 1200

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