

South East London Area Prescribing Committee

Annual Report 2018/19

March 2019

Executive Summary

The South East London Area Prescribing Committee (SEL APC) was established in 2013 and represents a partnership between NHS organisations in South East London. Each CCG, Acute Trust and Mental Health Trust in SEL has signed up to jointly discuss and agree consistent, safe, cost effective and rapid adoption of best practice around medicines within the South East London Sustainability and Transformation Partnership (STP).

The SEL APC aims to provide a consistent, high quality approach to clinical decision making in relation to medicines across the local health economy in line with its Terms of Reference (ToR).

This report details the activities of the SEL APC from April 2018 to March 2019. The SEL APC met every quarter in 2018/19 and its main working group, the Medicines and Pathways Review Group (MPRG) met monthly. During this time, the SEL APC:

- Held **4** quorate APC meetings and **12** quorate MPRG meetings
- Considered and made decisions for **23** new medicine submissions and issued **21** formulary recommendations (one of which was an update to an existing recommendation). Two submissions were presented to the MPRG in March 2019 and the decision on these will be pending.
- Of the 21 new medicine submissions for which decisions were issued in 18/19, **20** resulted in recommendations for approval (categorised as either red or amber or green) and 1 medicine was not recommended for prescribing in SEL (grey category).
- Issued **9** new position statements, the majority of these (6) were developed to support implementation of the NHS England low priority medicines initiative.
- Updated 9 existing formulary recommendations.
- Reviewed, consulted on and approved 35 guidelines/pathways/policies and
- Updated the red, amber grey (RAG) list for SEL
- Reviewed, consulted on and approved **13** shared care/transfer of care guidelines (the majority of these were reviews of existing guidance).
- Regularly forward planned for NICE technology appraisals. Where appropriate, pathway groups continue to progress implementation of NICE guidance.
- Supported implementation of national initiatives on self-care (over the counter items), low priority/clinical value medicines, antimicrobial stewardship. This included the development of **3** patient factsheets and reviewing and approving **19** national leaflets for local adaptation to support the self-care and low priority medicines.
- Engaged in the national Regional Medicines Optimisation Committee (RMOC) work programme through APC members who are part of the London RMOC.

1. Background

The Committee is led by local clinicians and is chaired by Dr Howard Stoate, a GP in Bexley CCG. The vice Chairs are: Dr Di Aitken (GP Lead, Lambeth CCG), Professor Albert Ferro (Clinical Pharmacologist, GSTfT) and Dr Jan Wagstyl (GP Lead, Bromley CCG). The SEL APC reports to the SEL Sustainability and Transformation Partnership's (STP) Clinical Programme Board. The Clinical Programme Board consists of clinical leaders from NHS organisations in SEL and is responsible for the delivery of benefits from local clinical projects.

The Medicines and Pathways Review Group (MPRG) is the working group of the APC and advises the APC on the entry of new medicines into the local health economy and their place in pathways, in line with the principles outlined in the APC ToR. The MPRG meets monthly and its role includes the evaluation of new medicines for prescribing within South East London where these are intended to be prescribed in primary care or commissioned by Clinical Commissioning Groups (CCGs). Where primary care or commissioned medicines are subject to a new NICE technology appraisal, the APC will advise on best adoption and implementation in line with NICE.

The local acute trusts retain a Joint Formulary Committee which considers new drugs and changes of use of existing drugs which are used only within hospitals and are not subject to any specific CCG commissioning arrangements.

In terms of financial scope, primary care spend on medicines across the 6 boroughs is approximately £200m with an estimated additional planned budget for CCG commissioned high cost medicines of ~£28 million.

2. Three key highlights in 2018/19

a) Clinical guideline for the use of biologic medicines in psoriasis

The SEL Dermatology Pathway Group brought together key stakeholders across SEL to develop a treatment pathway for the use of biologics in managing moderate to severe psoriasis.

Development of the pathway was undertaken over number of meetings, led by local dermatologists, dermatology pharmacists and primary care representatives. The guideline outlines the specialist treatment options and supports implementation of NICE guidance in addition to promoting the use of best value biologics. In the development of the guidance, consideration was also given to the British Association of Dermatologists Guidelines for biologic therapy for psoriasis which was published in 2017. In line with other specialist pathways (rheumatology and inflammatory bowel disease), an accompanying outcomes monitoring framework has also been developed with criteria against which implementation of the pathway can be measured.

The next steps for the Dermatology Pathway Group include the development of guidelines for managing common dermatology conditions in primary care.

b) Implementation of national medicines value programme – low value prescription only medicines and self-care (over the counter items)

To ensure the NHS delivers the best patient outcomes from medicines and achieves the greatest value from the investment made, NHS England issued guidance in November 2017 recommending low value treatments, including lidocaine plasters, liothyronine, fish oil, herbal remedies and homeopathy no longer be provided on the NHS. This was followed in March

2018 by national guidance on conditions for which over the counter items should not routinely be prescribed in primary care. Exceptions are noted in both sets of guidance.

A sub-group of the SEL APC led work to develop local resources, including position statements and leaflets (adapted from national leaflets) to support implementation of these initiatives in SEL. Significant work and effort has gone into developing the resources. The local position statements aim to provide consistent advice across SEL on the status of the medicines concerned, including a “red, amber, grey green” list status. A guide was also developed to support healthcare professionals in reviewing patients prescribed lidocaine plasters to treat pain conditions that are no longer supported.

The next steps for the sub-group include:

- There is a national consultation to expand the list of low priority medicines to a further eight areas. Depending on the outcome of the national consultation, these will be taken forward in 2019/20.
- Development of a frequently asked questions document and decision flow for the over the counter initiative.

c) Development and approval of a shared care guideline for the use of oral immunomodulatory agents in the treatment of autoimmune rheumatic diseases and inflammatory bowel disease in paediatrics

This joint, consensus based guideline covers rheumatology and gastroenterology and provides common guidance across SEL for a number of indications when transfer of prescribing to primary care is accepted. The process to develop this guideline was complex as it required a consensus across two specialties on how these medicines are prescribed and the frequency of monitoring needed. The guideline supports safer and more consistent prescribing in children and clarifies monitoring responsibilities for the medicines concerned.

Other highlights in 2018/19 include:

- Development of pathways for the management of urticaria and hyperhidrosis.
- Development of a local pathway and accompanying resources for the implementation of RMOC guidance and London guidance on flash glucose monitoring.
- Review of the asthma and COPD pathways through the Responsible Respiratory Prescribing Group APC sub-group.
- Resources to support member organisations with antimicrobial stewardship campaigns across SEL.

3. Engagement and Collaboration

The Committee progresses and delivers its work through strong commitment from CCG/Trust clinicians, medicines optimisation teams and leads from provider organisations. Despite changes in the NHS nationally and locally, attendance has been excellent at all meetings. Attendance figures by organisation for the 2018 calendar year can be found in appendices 1a and 1b. Organisations (rather than individuals) with an attendance of <50% are followed up by the Chair of the APC.

Support and leadership from the Chairs and Vice Chairs is important in driving the Committee’s agenda and its successes, as is the commitment from commissioners and providers. The regional Medicines Information Centre based at Guys and St Thomas’s NHS Foundation Trust (GSTfT) continues to provide much valued active support to the APCs horizon scanning, NICE implementation and new medicines evaluation processes.

Action notes and outputs of the Committee are published to the [APC website](#), hosted by Lambeth CCG. All SEL APC partner organisations either already signpost or have committed to signposting users of their websites to the SEL APC website. In addition, APC guidance is also accessible via the SEL Joint Medicines Formulary (JMF) [website](#), which is managed by the formulary team at GSTfT. A sub-section has been added to the SEL APC website to assist in signposting users to guidance from the RMOC.

Web statistics for the Lambeth CCG public website for March 2018 to March 2019 show that the SEL APC website received a total of 22,521 hits (~10% of the total number of hits for the Lambeth CCG homepage). This figure is 40% lower than the number of hits for the previous year (measured February 2017 – Feb 2018, total ~38,000 hits). In comparison, the Lambeth CCG homepage (which had the highest number of hits) had 238,000 hits. The reduction in hits is likely to be due to increased promotion and use of the JMF website.

4. Terms of Reference Revision

Changes to organisational structures will start to be progressed across the NHS and locally in SEL in 2019 to deliver system-wide changes in line with the NHS Plan. In view of this, it has been agreed that the annual review for the ToR for the SEL APC will be postponed until the new structures are clear. An extension to the use of the existing ToR has been approved by the Committee. The ToR will be updated once new NHS structures are in place.

5. Workplan and Financial Planning

In 2018/19, assessment of New Medicines by the MPRG and recommendations issued by the SEL APC have been made with a net estimated annual financial impact on medicines use of approximately **£15.8K/100,000 population** or ~£286,000 across the local health economy (using the upper threshold cost estimate and costs avoided from a grey recommendation). This does not include savings from the work undertaken by the APC subgroups on medicines of low clinical priority and self-care, which will support reduced prescribing and thus savings in this area. Savings from the use of the triple inhalers in COPD have also not been factored into this overall figure (formulary recommendation 084). A detailed summary of the Committee's outputs and on-going work can be found in Appendix 2.

These estimates do not include costs due to increased or reduced service activity (including reduced referrals), which can be challenging to predict. However, for the high impact pathways that involve the use of high cost medicines (such as biologics), outcomes monitoring frameworks are developed alongside the pathways to support best value from the use of these medicines.

The costs above do not include the cost impact anticipated from the implementation of flash glucose monitoring across SEL. Local guidance was issued in November 2018 with implementation expected from January 2019. Arrangements in SEL include the first 6 months prescribing from the specialist diabetes team. The cost impact for the last quarter of 18/19 was estimated at ~£243K. In March 2019, NHS England issued national criteria for the use of flash glucose monitoring, which includes a maximum reimbursement arrangement (that takes into account savings from reduced use of glucose test strips) for CCGs. The approach to implementing this in SEL will be taken forward by the APC diabetes sub-group.

The horizon scanning process was previously scaled back in view of the emerging Regional Medicines Optimisation Committees. Therefore whilst no formal horizon scanning for new drugs was undertaken in 2018/19, the Regional Medicines Information Centre has presented to the Committee a summary of the key medicines likely to have impact in 2019/20. These include new medicines, scheduled NICE technology appraisals and anticipated savings from

patent expires and biosimilar launches. Horizon scanning is also undertaken through the individual APC pathway groups to identify potential medicines that likely to have a significant impact or opportunities for savings.

All CCGs have signed up to sharing the workload of delivering and leading pieces of work on behalf of the SEL APC which will allow partner organisations to be engaged in the APCs work. The SEL APC work plan for 19/20 (Appendix 3) ensures engagement and leadership opportunities for organisations on a rolling basis.

6. Key future priorities for 2019/20

The SEL APC has identified the following key priority areas for 2019/20:

- To progress areas of work identified in the APC work plan for 2019/20
- To manage the introduction of new medicines/licence extensions into the local health economy – including formulary submissions, NICE TAGs and horizon scanning - and their place in pathways.
- Engage in and contribute to the work of the national RMOC and the SEL Integrating Pharmacy and Medicines Optimisation (IPMO) programme.
- Training for Committee members on appraisal of the literature and decision making.
- Develop an approach to co-ordinate organisational implementation of APC pathways and follow up outcomes, for example, through trust audits against recommendations.

7. Acknowledgments

The SEL APC would like to thank everyone involved in the work of the APC at any stage for their participation, role and support in helping the work of the Committee and its sub-groups to move forward. There are too many names to note individually but together by contributing their time and efforts they all make an invaluable and important contribution that underpins the work of our APC.

Report Author:

Lead Pharmacist for the South East London Area Prescribing Committee

Appendix 1a: Attendance by organisation in 2018 – Area Prescribing Committee

Organisation	Role	No. of meetings attended (max 4)	Maximum % attendance (organisation)
SEL CCGs			
Bexley	GP Clinical Lead (Chair)	4	100%
	GP Clinical Lead	4	
	Chief Pharmacist (or nominated deputy)	4	
Bromley	Director Quality, Governance & Patient Safety/Chief Pharmacist (or nominated deputy)	3	75%
	GP Prescribing Lead	0	
Greenwich	GP Clinical Lead	3	100%
	Chief Pharmacist (or nominated deputy)	4	
Lambeth	GP Clinical Lead	4	100%
	Chief Pharmacist (or nominated deputy)	4	
	Chief Officer	0	
Lewisham	GP Clinical Lead	2	100%
	Chief Pharmacist (or nominated deputy)	4	
Southwark	GP Clinical Lead	3	75%
	Chief Pharmacist (or nominated deputy)	3	
SEL Trusts			
GSTfT	Clinical Pharmacologist, Honorary Consultant Physician, Chair of Trust DTC	2	50%
	Chief Pharmacist and Clinical Director.	2	
	Deputy Director of Regional Medicines Information (or deputy)	2	
KCH	Director of Pharmacy/Deputy Director of Pharmacy	4	100%
	Clinical lead, consultant nephrologist, (replaced by Professor of Thrombosis/ Haemostasis June 2018)	1	
L>	Director of Pharmacy	2	50%
	Consultant Paediatrician, Chair, Medicines Management Group	1	
Oxleas	Chief Pharmacist/Deputy Chief Pharmacist	4	100%
SLAM	Chief Pharmacist/Deputy Chief Pharmacist	2	50%
Other			
SEL APC (Lambeth CCG hosted)	Lead Pharmacist	3	75%
Bromley Healthcare	Clinical Director or Lead Pharmacist (on extended leave in 2018)	1	25%
NHS England	South London Area Medical Director	0	0%

Nb: Following representatives will be invited to support meetings when required:

- Public Health
- SE CSU
- Consultant Cardiovascular Pharmacist for South London

Meeting invites are also circulated to a patient representative nominated by HealthWatch.

Appendix 1b: Attendance by organisation in 2018 – Medicines and Pathways Review Group

Organisation	Role	No. of meetings attended (max 12)	Maximum % attendance (organisation)
SEL CCGs			
Bexley	GP Clinical Lead	12	100%
	Chief Pharmacist (or nominated deputy)	11	
Bromley	GP Clinical Lead (co-Chair)	12	100%
	Interface pharmacist (or nominated deputy)	10	
Greenwich	GP Clinical Lead	8	92%
	Chief Pharmacist (or nominated deputy)	11	
Lambeth	GP Clinical Lead 1 (co-Chair)	8	100%
	GP Clinical Lead 2	12	
	Chief Pharmacist (or nominated deputy)	6	
Lewisham	GP Clinical Lead	10	83%
	Chief Pharmacist (or nominated deputy)	9	
Southwark	GP Clinical Lead	10	100%
	Chief Pharmacist (or nominated deputy)	12	
SEL Trusts			
GSTfT	Honorary Consultant Physician, Chair of Trust DTC (co-Chair)	6	100%
	Formulary Pharmacist/support pharmacist	12	
KCH	Formulary Pharmacist	11	92%
	Clinical lead, consultant nephrologist, (replaced by Professor of Thrombosis/ Haemostasis June 2018)	1	
L>	Formulary Pharmacist (or delegated deputy)	12	100%
	Consultant Haematologist, Chair Drug Usage Group	1 (not included as stepped down from MPRG early 2018)	
Oxleas	Chief Pharmacist	11	92%
SLAM	Deputy Director of Pharmacy	5	42%
Other			
Regional Medicines Information Services (GSTfT)	Director, Medicines Information	3	25%
Bromley Healthcare	Lead Pharmacist	7	58%
SEL APC (Lambeth CCG hosted)	Lead Pharmacist	11	92%

Appendix 2: Outputs of the SEL APC in 2018/19

APC categories:

	Suitable for hospital prescribing and supply only
	Specialist initiation and prescribing for defined time, shared care/transfer of care may be required (note 3 tiers of amber category are 1, 2 and 3)
	Suitable for initiation and prescribing in primary and secondary care within agreed criteria
	Not recommended for prescribing in SEL

New Medicine Recommendations (can be accessed here)				
Issue date	Number	Title	Category	Estimated annual financial impact in SEL
Apr 18	080	Estradiol 0.06% (Oestrogel®) and estradiol 0.5mg (Sandrena®) gels - HRT for oestrogen deficiency symptoms in postmenopausal women	GREEN	Negligible*
May 18	081	Botulinum toxin type A injection for the treatment of posterior and anterior anal fissure	RED	£15,000
May 18	082	Doxycycline 40mg modified release capsules (Efracea™) for the treatment of papulopustular facial rosacea in adults	GREEN	Negligible*
May 18	083	Ivermectin 1% cream (Soolantra™) for the topical treatment of inflammatory lesions of papulopustular facial rosacea in adults	GREEN	£35,000
Jun 18	084	Triple combination therapy inhalers for adults with COPD: Trelegy® Ellipta® and Trimbrow®	AMBER 1	Savings up to £54K/month or £648,000**
Jun 18	085	Tiotropium Respimat® 2.5 micrograms for the treatment of COPD in adults	GREEN	Cost neutral
Jun 18	086	Spiolto® Respimat® (tiotropium/olodaterol) for the treatment of COPD in adults	GREEN	Cost neutral
Jul 18	087	Opicapone adjunctive therapy for the management of end-of-dose motor fluctuations in adults with Parkinson's disease	AMBER 2	£100,000
Aug 18	088	Specific antidepressants (clomipramine and fluoxetine) for the management of cataplexy associated with narcolepsy	AMBER 3	Negligible*
Aug 18	089	Specific agents (modified release melatonin/clonazepam/Diazepam/zopiclone/clomipramine/imipramine/fluoxetine/sertraline) for the management of non-REM parasomnia in adults	AMBER 3	Negligible*
Aug 18	090	Specific agents (diazepam/zopiclone/rotigotine patch/pramipexole/donepezil) for the third line/last line management of REM behaviour disorder in adults	AMBER 2	Negligible*
Aug 18	091	Sodium oxybate and agomelatine as last line options for the management of REM behaviour disorder in adults	RED	£24,000
Aug 18	092	Levonorgestrel 52mg Intrauterine Delivery System (Levosert®) for the treatment of heavy menstrual bleeding and contraception and Levonorgestrel 19.5 mg Intrauterine Delivery System (Kyleena®) for contraception	GREEN	Cost saving
Sep 18	093	Low dose desmopressin oral lyophilisate (Noqdirna®) for the symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults	RED	£18,500

Appendix 2: Outputs of the SEL APC in 2017/18 continued

Dec 18	094	Omalizumab for the treatment of inducible urticarias (symptomatic dermographism, cholinergic, delayed pressure, cold and solar) in adults	RED	£5,500
Jan 19	095	Imiquimod 3.75% cream (Zyclara™) for the treatment of actinic keratosis	GREY	Cost avoided of up to £112,000
Jan 19	096	Imiquimod 5% cream (Aldara™) for the treatment of superficial basal cell carcinoma in adults	RED	£57,000
Feb 19	097	Cariprazine hydrochloride (Reagila™) for the treatment of schizophrenia in adults	RED	£65,000
Feb 19	098	Aprepitant for the treatment of severe nausea and vomiting in adults with gastroparesis	RED	£78,000
Mar 19	099	Lymecycline for the treatment of papulopustular rosacea	GREEN	Negligible

Notes: *Negligible costs are where the estimated cost impact is <£5,000 across SEL.

**Savings dependent up on changeover of patients and represents maximum potential estimated saving.

New Position Statements (can be accessed here)	
Date	Title
Aug 18	Rubefaciants (Grey, cost avoidance) – PS-006
Aug 18	Lutein and Antioxidants for Age Related Macular Degeneration (Grey, cost avoidance) – PS-007
Aug 18	Paracetamol and tramadol combination products for pain (Grey, cost avoidance) – PS-008
Aug 18	Dosulepin for all indications (Grey, cost avoidance) – PS-009
Aug 18	Trimipramine for depression (Grey, cost avoidance) – PS-010
Aug 18	Lidocaine plasters for the treatment of post-herpetic neuralgia (licensed use), and focal neuropathic pain with allodynia (off-label) (Amber 2) – PS-011
Nov 18	FreeStyle Libre® Flash Glucose Monitoring system (Amber 3) – PS-012
Jan 19	Prescribing of items available over the counter (OTC) for self-care (Grey, cost avoidance) – PS-013
Mar 19	Brand prescribing of insulin – PS-014
Updated recommendations and position statements (e.g. where NICE updated or category amended) (can be accessed here)	
Sep 18	Recommendation 052: Guanfacine (Intuniv™) prolonged release tablets for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents aged 6-17 years old (<i>category updated from red to amber 3 following outcome data report. Shared care guideline reviewed to</i>
Sep 18	Recommendation 005: Lisdexamfetamine dimesylate (Elvanse®) for the treatment of ADHD in children aged 6 years and over when response to previous methylphenidate is considered clinically inadequate (<i>Updated in line with revised NICE guideline</i>).
Oct 18	Recommendation 021: Ulipristal acetate 5mg tablets (Esmya®) for the pre-operative treatment of moderate to severe symptoms of uterine fibroids. (<i>Updated in line with safety recommendations from EMA/MHRA. Category amended from amber to red</i>).
Oct 18	Recommendation 056: Ulipristal acetate 5mg tablets (Esmya®) for the intermittent treatment of moderate to severe uterine fibroids in women of reproductive age. (<i>Updated in line with safety recommendations from EMA/MHRA</i>)
Oct 18	Recommendation 46: Methylphenidate immediate release tablets, methylphenidate prolonged release tablets (as per shared care guidance) and dexamfetamine tablets for the treatment of idiopathic hypersomnia in adults. (<i>Revised following development of shared care, re-categorised from red to amber 3</i>)
Oct 18	Recommendation 047: Dexamfetamine sulphate tablets for the treatment of narcolepsy in adults (<i>revised following development of shared care, re-categorised from red to amber 3</i>)

Updated recommendations and position statements (e.g. where NICE updated or category amended) – cont'd (can be accessed here)	
Dec 18	Recommendation 078: Ciclosporin 0.1% (Verkazia™) eye drops for atopic keratoconjunctivitis and vernal keratoconjunctivitis in children aged over 4 years (<i>updated to reflect the availability of a licensed ciclosporin 0.1% eyedrop product for children in VKC</i>).
Feb 19	Recommendation 025: Lurasidone (Latuda®) for the treatment of schizophrenia in adults aged 18 years and over (<i>updated to reflect additional patient cohorts agreed as suitable for treatment with lurasidone</i>).
Feb 19	Recommendation 076: Ferric maltol capsules for the treatment of iron deficiency anaemia in adults with inflammatory bowel disease (<i>updated to extend period of use to enable a further data report to be presented back to the Committee</i>).
Withdrawn recommendations and guidelines (e.g. where superseded by a NICE TAG or local guideline developed)/ or not approved	
Nov 18	Interim position statement 004: FreeStyle Libre® - Flash Glucose Monitoring system (<i>replaced by position statement 012</i>)
Guidelines/Pathways/policies/leaflets	
Apr 18	Guideline for the treatment of Wet Age-Related Macular Degeneration, Diabetic Macular Oedema, Central Retinal Vein Occlusion and Branch Retinal Vein Occlusion (new)
Apr 18	National leaflets adapted and approved for local use to support implementation of initiative to reduce prescribing of medicines with low clinical value: <ul style="list-style-type: none"> • Changes co-proxamol prescribing • Changes doxazosin prescribing • Changes glucosamine prescribing • Changes herbal meds prescribing • Changes homeopathy prescribing • Changes once-daily tadalafil prescribing • Changes perindopril arginine prescribing
Apr 18	Rheumatoid arthritis biologic drug treatment pathway (update)
Apr 18	Seronegative Spondyloarthritis Biologic Drug Treatment Pathway (update)
Apr 18	Prescribing factsheet on reviewing doxazosin modified release
Apr 18	Prescribing factsheet on unlicensed co-proxamol
May 18	Pathway for the management of anal fissures (new)
May 18	Pathway for the management of papulopustular rosacea (new)
Jun 18	SEL Interface policy and private prescribing guide – annual revision
Jun 18	SEL Emollient Guide Adults and children (update)
Jun 18	Emollients patient information leaflet and template patient letters (update)
Jun 18	Psoriasis - Biologic Drug Treatment Pathway (new)
Jul 18	Prescribing factsheet on Omega-3 fatty acid and other fish oil supplements review
Jul 18	National leaflets and posters adapted for local use to support national self-care agenda (over the counter medicines): <ul style="list-style-type: none"> • Hayfever poster - Autumn • Hayfever poster -Summer • Coughs and colds • Fever in children • Hayfever • Pain • Piles (haemorrhoids)
Jul 18	Psoriasis – monitoring and outcomes framework for biologic drug treatment pathway (new)
Jul 18	SEL Red, Amber, Grey list (update)
Jul 18	Pathway for the management of motor symptoms in people with Parkinson's with motor complications (new)
Aug 18	Pathway for the management of cataplexy with narcolepsy (new)
Aug 18	Pathway for the management of narcolepsy (new)
Aug 18	Pathway for the management of Non-REM parasomnia (new)

Guidelines/Pathways/policies/leaflets cont'd	
Aug 18	Pathway for the management of REM Behaviour Disorder (new)
Aug 18	GP information sheet on Sleep Hygiene (new)
Aug 18	Information for healthcare professionals on narcolepsy (new)
Aug 18	Summary of treatments for Non-REM parasomnias (new)
Aug 18	Information for healthcare professionals on non-REM parasomnia (new)
Aug 18	Information for healthcare professionals on REM behaviour disorder (new)
Aug 18	Summary of treatments for REM behaviour disorder (new)
Aug 18	Further national leaflets adapted for local use for low priority medicines initiative: <ul style="list-style-type: none"> • Changes to dosulepin prescribing • Changes to immediate-release fentanyl prescribing • Changes to rubefaciants prescribing • Changes to Tramacet prescribing • Changes to trimipramine prescribing
Sep 18	Resources to support organisations in running antibiotic campaigns: <ul style="list-style-type: none"> • SEL Antimicrobial Awareness Week 5 Point Plan • SEL Campaign Resources Links FINAL • Antimicrobial stewardship template presentation
Sep 18	Guidance on the pharmacological management of neuropathic pain in primary care (update)
Sep 18	Pathway for anti-epileptic drug therapy for focal epilepsy in adults (reviewed and updated)
Sep 18	Valproate pregnancy prevention programme: actions for general practice (new)
Nov 18	Pathway for the management of hyperhidrosis in adults (new)
Nov 18	Resources to support implementation of flash glucose monitoring (new): <ul style="list-style-type: none"> • Flash Glucose Pathway • Recommended Training Competencies and Resources • Patient Initiation Form - Agreement • Primary Care Information • Safe disposal guidance • South East London eligibility statement • Transfer of Prescribing forms
Dec 18	Urticaria treatment pathway (new)
Jan 19	Guide for primary care on the off-label use of medicines in the Oral Medicine Clinics (new)
Feb 19	SEL Red, Amber, Grey list (update)
Mar 19	Guideline on the management papulopustular rosacea (updated)
Mar 19	Clinical Guidance for the Management of Diabetes in Ramadan
Shared Care / transfer of care guidance	
May 18	Transfer of care: Rifaximin- α (Targaxan®) for preventing episodes of overt hepatic encephalopathy in adults (review and update to existing)
Aug 18	Shared care: Management of Narcolepsy (+/- Cataplexy) and Idiopathic Hypersomnia in adults (new)
Sep 18	Shared care: Continuation of Advagraf® (tacrolimus modified release) for the prevention of organ rejection in adult liver transplant recipients in existing patients only (review and update to existing)
Sep 18	Shared care: Continuation of Prograf® (tacrolimus immediate release {IR}) for the prevention of organ rejection in adult liver transplant recipients in existing patients only (review and update to existing)
Sep 18	Shared care: Azathioprine for the prevention of organ rejection in adult liver transplant recipients in existing patients only (review and update to existing)
Sep 18	Shared care: Mycophenolate Mofetil for the prevention of organ rejection in adult liver transplant recipients in existing patients only (review and update to existing)
Sep 18	Shared care: Methylphenidate, atomoxetine, lisdexamfetamine, dexamfetamine and guanfacine for the treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents aged 6-18 years (review and update to existing)
Sep 18	Shared Care: Azathioprine or mercaptopurine for the treatment of Inflammatory Bowel Disease in Adults (review and update to existing)

Shared Care / transfer of care guidance – cont'd	
Nov 18	Shared Care: Nebulised mucolytic and antibiotic solutions for the treatment of Cystic Fibrosis in existing paediatric patients only (review and update to existing)
Nov 18	Transfer of prescribing for long term prescribing: Flash glucose monitoring
Dec 18	Shared care: Melatonin for treatment of sleep disorders in children and adolescents, aged 1-17 years (review and update to existing)
Jan 19	Shared care: Immunomodulatory Drugs for the treatment of autoimmune rheumatic diseases and inflammatory bowel disease in children (≤ 18 years of age) (new)
Mar 19	Integrated medication guideline for dementia (updated) and factsheet on combination treatment
Other	
Sep 18	Response to Allergy UK letter
Dec 18	Correspondence to formulary applicant re: submission for the use of Actikerall to treat recalcitrant warts (off-label) in paediatrics
Ongoing work	
Development of a joint specialities shared care guideline for immunomodulatory medicines in adults (dermatology/gastroenterology/rheumatology)	
Update to the Cow's Milk Protein Allergy guideline	
Development of resources for the NHS England low priority POMs initiative – liothyronine underway. Additionally there is a national consultation to expand the list of low priority medicines to a further eight areas. Depending on the outcome of the national consultation, these will be taken forward in 2019/20.	
Development of monitoring framework and costing details for ophthalmology clinical pathways	
Regular updates to the SEL RAG list through the year	
Pathway for the management of ITP	
Development of GP information sheets to support prescribing of certain treatments for urticaria in primary care	
Update to vitamin D guidelines	

Appendix 3: Work plan for the SEL APC in 2019/20

Outline Work-plan for the South East London APC April 2019 - March 2020

For 2019/20, the APC work plan aims to continue to provide clinical leadership and develop recommendations to support delivery of specific medicines related elements of the SEL Sustainability and Transformation Partnership (STP). Three broad areas were included in 2018/19 and out of these SEL CCGs will continue to work on collaboratively on two of the areas in 2019/20 (self-care and medicines waste will continue to be implemented at borough based level):

- **Medicines waste: reduction through improved management of repeat prescribing requests and medicines adherence in hypertension**
- **Developing resources to reduce waste associated with prescriptions for appliance products – stomas**

A SEL wide strategic approach is under development through lead CCGs for these areas to support delivery at local level.

Other APC outputs and ongoing work

It should be noted that the work of the Committee is **not limited** to the focused work outlined in this work plan (please refer to outputs of the Committee in 18/19 on pages 9-13 of the annual report for examples). Other examples of work areas for the Committee include:

- Development of treatment pathways arising from formulary submissions
- Co-ordination and responding to national initiatives (for example: RMOG guidance/surveys, significant MHRA alerts).
- Development of shared care guidelines/Transfer of Care

Additionally, there are workstreams from 18/19 that will continue in 19/20. For example:

- There are numerous pathway groups under the APC which continue to develop, update and review existing pathways throughout the year to ensure these are operating in line with the current evidence, including NICE technology appraisal guidance. The pathways ensure that all constituent groups are given full opportunity to be aware of and be involved in pathway / therapeutic area. A summary of the current pathway groups reporting to the APC can be found at the end of this work plan. For each pathway area one CCG will be designated as the lead CCG and be responsible for ensuring the agreed timescales are achieved. A supporting CGG will also be identified where considered necessary.
- Implementation of best value biologics will continue to be considered through the rheumatology, IBD and dermatology sub-groups.
- Development of a treatment pathway for chronic immune (idiopathic) thrombocytopenic purpura (ITP)
- Implementation of the NHSE Low priority medicines initiative- at time of writing a decision is awaited on the outcome of a national consultation to extend to a further 8 areas.
- Review of cow's milk protein allergy (CMPA) guidelines
- Review of vitamin D guidelines
- There have been a significant number of guidelines and pathways ratified through the APC since its inception and some of these will be coming up for review in 2019/20.
- The "Red, Amber, Grey" (RAG) list will be updated on a regular basis.

Update on progress in delivering the APC work plan will be noted at each quarterly APC meeting and quarterly to the SEL STP Clinical Programme Board.

Focused work plan areas 2019/20

Clinical Area	Outcomes	Clinical rationale for area	Impact anticipated from this work	Timescale	Lead organisation and supporting (where required)
Children and Young People (CYP) – neurodevelopmental disorders – learning disability & autism.	Development of local resources and materials to support implementation of national Stopping Over Medication of people with a learning disability, autism or both (STOMP) programme.	People with a learning disability, autism or both are more likely to be given psychotropic medications than other people to manage challenging behaviour. The evidence for this practice is poor and there are associated risks.	Improved patient safety	September 2019	Lead: Greenwich/LGT Support: Southwark CCG
Allergy - anaphylaxis	Development of local guidance on prescribing adrenaline auto-injectors for self or carer – administration in anaphylaxis and supporting patient education resource.	There are a number of adrenaline autoinjectors available for administration in allergic emergencies in a non-healthcare setting. Training and education is key to ensuring appropriate and timely treatment in these circumstances.	Improved patient safety Consistent advice on products available, including their strengths and needle lengths.	December 2019	Lead: Bromley CCG/GStfT & KCH Allergy Support: Bexley CCG
Ophthalmology – promoting self-care	To provide a consistent pathway for the management of dry eyes, including the self-care elements.	Primary care prescribing data indicates that a varying number of products are prescribed, often these are non-formulary. This can be confusing.	Consistent advice on the management of dry eyes and simplified list of products for use. Promotion of self-care in self-limiting dry eye conditions.	January 2020	Lead: Bexley CCG/GSTfT Support: Lewisham CCG
Paediatrics/CYP	Development of paediatric “Red, Amber, Grey” (RAG) list for SEL.	Whilst there is a RAGG list for adults, no such list currently exists for paediatrics. The list will enable prescribing to occur in the safest way in the most suitable setting.	To support safe prescribing and promote good practice in prescribing in the most appropriate care setting.	To be delivered in phases by review of groupings of medicines. Phase 1: Oct 2019	Lead: Greenwich CCG/Evelina Children’s Hospital Support: Lewisham CCG
Antimicrobial Stewardship	<ul style="list-style-type: none"> • Scope development of a SEL-wide antibiotic guideline for primary care. • Antibiotic campaign across SEL in time for Autumn/Winter 2019 	Antimicrobial resistance is one of the biggest challenges facing healthcare, with potentially dire consequences for patients and the healthcare system.	To promote responsible and appropriate use of antibiotics. To increase awareness across SEL on AMR. To provide consistent guidance across SEL on antibiotic use in primary care.	<ul style="list-style-type: none"> • Scoping by end of June 2019 • Campaign by August 2019 	Lead: Lewisham CCG Support: Lambeth CCG/ GSTfT

Clinical Area	Outcomes	Clinical rationale for area	Impact/Outcome anticipated	Timescale	Lead organisations and supporting (where required)
Mental Health	To build on work undertaken in 18/19 to support better reconciliation in primary care for patients on clozapine (a hospital only medicine).	Improved patient safety /Good practice. Initial work undertaken at SLaM suggests around 75% of patients on clozapine are not reconciled in primary care. The next phase will identify system gaps and solutions, for example, systems to support better recording in primary care. This could then be applied to other areas.	Improved recording of these patients in primary care and therefore safer care.	October 2019	Lead: SLaM/Oxleas/Lambeth CCG/Bromley CCG
Dermatology	Development of management pathways for primary care for common dermatological conditions, such as eczema, acne and psoriasis.	To clarify the place in therapy of treatments for the management of a number of dermatology conditions. To support safe and cost-effective prescribing in the right care setting and in line with the SEL formulary.	This work will assist in managing referrals for common dermatological conditions and empower GPs to better manage these conditions in primary care. Promotion of the self-care agenda.	February 2020	Lead: Southwark CCG/ Southwark Community dermatology service Support: Bromley CCG
Developing shared care agreements/ transfer of care/GP Information sheet for new drugs taken presented to the Medicines and Pathways Review Group	Agreements will be developed once status of drug agreed as “amber” via formulary submission. Each borough will review shared care submission in line with timescale agreed in the process for developing shared care.	Patient safety / best practice To ensure that if a treatment is agreed, effective advice is in place for all clinicians who may prescribe. Initial draft is prepared by clinician applying for new drug approval	Safer prescribing and clear monitoring requirements for these specialist medicines.	With application process	Responsibility for developing shared care is with the Trust making the formulary submission. Responsibility for coordination of comments from CCGs on draft shared care will be carried out on a rotational basis by all 6 CCGs

Existing APC guidelines due for review in 2019/20

Guideline	Lead/support organisations in SEL	Expiry date of current version
Shared care: DMARDs for autoimmune rheumatic conditions in adults	Lambeth CCG/GSTfT (nb: review underway via task and finish group to develop a multi-specialty guideline)	January 2019
Treatment of Wet Age-Related Macular Degeneration, Diabetic Macular Oedema, Central Retinal Vein Occlusion and Branch Retinal Vein Occlusion	Greenwich CCG/KCH (Southwark CCG supporting)	April 2019
GLP--1 analogue pathway for adults aged 18 years and over with Type 2 Diabetes Mellitus	Via DMWG	May 2019
Transfer of Care: GLP-1 analogues for glycaemic control in Type 2 Diabetes Mellitus	Via DMWG	May 2019
Restless Leg Syndrome (RLS) – Information for GPs and patient information leaflet	GSTfT sleep centre	May 2019
Pathway for the pharmacological Management of Restless Legs Syndrome (RLS) or Periodic Limb Movement Disorder (PLMD)	GSTfT sleep centre	May 2019
South East London guidance for the use of quadrivalent HPV vaccine (Gardasil®) in the treatment of anogenital warts in men and women	LGT	May 2019
South East London Emollient guidance for adults and children	Bexley CCG	June 2019
Insulin and glucagon like peptide 1 (GLP-1) analogue preferred disposable pen needles for adults over 19 years of age - prescribing fact sheet and template letters	Via DMWG	June 2019
Integrated Guideline for the Management of Allergic Rhinitis	GSTfT	June 2019
Various epilepsy shared care/Transfer of care: <ul style="list-style-type: none"> • GP Information sheets (x2) – Lacosamide/tiagabine • Transfer of Care: Perampanel (Fycompa®) ▼ for the treatment of Epilepsy in adults • Shared care: Zonisamide for the treatment of epilepsy in adults 	Southwark CCG/KCH	June 2019
Insulin degludec (Tresiba®) 100 units/ml, 200units/ml Flextouch pen or 100units/ml penfill cartridge for Type 1 diabetes mellitus	Via Diabetes Medicines Working Group (DMWG)	July 2019
Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus	Via DMWG	August 2019
Guideline for the management of neuropathic pain in primary care	Bromley CCG/KCH	August 2019
Shared care: Immunosuppressants in liver transplantation (x4)	KCH/Lewisham CCG	September 2019
Shared Care: Methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for the treatment of Attention Deficit Hyperactivity Disorder in adults	Bexley CCG/ SLaM/Oxleas	October 2019
Shared care: Somatropin for growth hormone deficiency in children	GSTfT (Evelina)/Lambeth CCG	October 2019
Shared Care: Nebulised mucolytic and antibiotic solutions for the treatment of Cystic Fibrosis in existing paediatric patients only	Bromley CCG/KCH	November 2019
Shared care: Apomorphine for the treatment of Parkinson's in adults	KCH/Bromley CCG	November 2019

Guideline	Lead/support organisations in SEL	Expiry date of current version
Treatment of chronic constipation in adults (≥ 18 years of age) in primary care	Greenwich CCG/KCH	December 2019
Dermatology specials factsheets (x4)	GSTfT	December 2019
Irritable bowel syndrome pathway for adults	Greenwich CCG/KCH	December 2019
Over Active Bladder (OAB) Care Pathway for adults in primary care	Bexley CCG/KCH	December 2019
Chronic Open Angle Glaucoma and Ocular Hypertension Treatment Pathway	GStFT/Lewisham CCG	January 2020
Anti-epileptic drug therapy for focal epilepsy in adults	KCH/Southwark CCG	February 2020
Valproate pregnancy prevention programme – flyer for practices	KCH/Southwark CCG	March 2020
Various CVD related guidelines	CVD medicines working group	Various review dates
Red, amber, green grey list	Bromley CCG	Ongoing quarterly review
RA biologic pathway/monitoring framework	GSTT/KCH/Lambeth CCG/Southwark CCG	Ongoing 6 monthly review
SpA pathway/monitoring framework	GSTT/KCH/Lewisham CCG /Bexley CCG	Ongoing 6 monthly review
IBD pathway/monitoring framework	GSTT/KCH/Lambeth CCG/Lewisham CCG	Ongoing 6 monthly review
Ophthalmology pathways for specialist eye conditions	KCH/GSTT/Greenwich CCG/ Southwark CCG	Ongoing 6 monthly review
Psoriasis biologics pathway/monitoring framework	GSTT/KCH/Bromley CCG/Southwark CCG	Ongoing 6 monthly review

Long term conditions: Cardiovascular, diabetes and respiratory work plans

South East London cardiovascular, diabetes and respiratory working sub-groups of the SEL APC will develop their individual work plans.

Current existing South East London APC pathway groups

