



# **South East London Area Prescribing Committee**

## **Annual Report 2019/20**

**April 2019 to March 2020  
Published July 2020**

## Executive Summary

This report summarises the activities of the South East London Area Prescribing Committee (SEL APC) from April 2019 to March 2020. The SEL APC was established in 2013 and is 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 SEL.

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). The main working Group of the SEL APC is the Medicines and Pathways Review Group (MPRG). The SEL APC meets quarterly and the MPRG meets monthly. In 19/20, the SEL APC:

- Held **3** quorate APC meetings and **11** quorate MPRG meetings. **The APC and MPRG meetings planned for March 2020 were cancelled due to the Covid-19 pandemic.**
- Considered and made decisions for **17** new medicine submissions and issued **21** formulary recommendations (4 of which were updates to existing recommendations).
- All of the 17 new medicine submissions for which decisions were issued in 19/20 resulted in recommendations for approval (categorised as either red or amber or green).
- Issued **10** new position statements, the majority of these were developed to support implementation of the NHS England low priority medicines initiative.
- Updated **4** existing formulary recommendations and **1** position statement.
- Reviewed, consulted on and approved **43** pieces of guidelines/pathways/policies (including both new and updates to existing APC outputs).
- Updated the SEL red, amber grey (RAG) list for adults.
- Approved a new RAG list for paediatrics. This list will be updated on a regular basis throughout the year.
- Reviewed, consulted on and approved **9** 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.
- Continued to support implementation of national initiatives on self-care (over the counter items), low priority/clinical value medicines and antimicrobial stewardship.
- Engaged in the national Regional Medicines Optimisation Committee (RMOC) work programme. This included responding to a consultation on a draft national framework for developing shared care guidance.

There are a number of ongoing work streams under the APC, including cardiovascular, diabetes and respiratory which contribute to the APC's work and outputs.

In March 2020 the Committee said a sad goodbye to Dr Howard Storate following his retirement. Dr Storate has expertly chaired the SEL APC since its inception in 2013 and will be greatly missed. We would like to take this opportunity to thank Dr Storate for his leadership of the Committee over the last 7 years and wish him well for the future.

## 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 SEL 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 work of the Committee and its sub-groups is shared and delivered by member organisations through an annual workplan identifying lead and supporting organisations for each area.

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 2019/20

### a) Primary care dermatology guidelines

A comprehensive set of guidelines for the management of common dermatological conditions (such as acne, eczema, psoriasis and urticaria) in primary care were developed through the SEL Dermatology Pathway sub-group of the APC, which has membership from key stakeholders across SEL.

The guidelines were developed over the course of a year with input from local dermatology specialists and were based on guidelines originally developed for use in Bromley. The guidelines provide consistent advice, are easy to follow, evidence-based and locally referenced and are a useful educational tool for practitioners in primary care. Also included in the guidelines is a treatment pathway for the management of actinic keratoses (AK), which was developed following formulary submissions for topical AK treatments. The guidelines aim to increase the confidence and support upskilling of healthcare professionals in primary care to manage these conditions and thus reduce inappropriate referrals for specialist dermatology services. This will also enable patients to be assessed and reviewed earlier and free up specialist capacity for managing more serious dermatological conditions.

### b) Shared care for non-biologic immunomodulatory medicines in adults

This consensus based, local shared care guideline brings together shared care prescribing and monitoring of non-biological immunomodulatory medicines in a number of therapeutic

areas. The document provides common guidance across SEL for a number of indications when transfer of prescribing to primary care is accepted:

- dermatology
- gastroenterology and autoimmune hepatitis
- neurology
- ophthalmology
- oral medicine
- respiratory
- rheumatology

The guideline was developed through a Task and Finish Group which had representation and input from specialists from the various disciplines. The process to develop this guideline was complex as there is a lot of varying national guidance and a consensus position was needed across the various specialties on how these medicines are prescribed and the frequency of monitoring needed. One of the main aims of the guideline is to harmonise monitoring parameters for the medicines covered across different specialties as differences in monitoring advice can cause confusion in primary care.

### c) Guideline for the Pharmacological Management of Adult Non-Cancer Chronic Pain

This guideline was developed through a short-life working group and presents a treatment pathway for non-cancer chronic pain ( $\geq 3$  months duration) in adults in primary care. The guideline outlines the step-wise approach to chronic pain management and the key principles for healthcare professionals to consider, including signposting to non-pharmacological strategies. The guideline aims to provide consistent advice in primary care, with a key element being realistic goal setting and an emphasis on regular patient review.

#### Other highlights in 2019/20 include:

- Agreement on preferred direct oral anticoagulant agents for the management of non-valvular atrial fibrillation and venous thromboembolism via the cardiovascular subgroup of the SEL APC.
- Guidance on treatment options for adult neurology patients with hypersalivation.
- Resources to support member organisations with antimicrobial stewardship campaigns across SEL.
- Resources to support appropriate prescribing in stoma care.

## 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 2019 calendar year can be found in appendices 1a and 1b. Organisations (rather than individuals) with an attendance of <50% are flagged for follow 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.

Minutes and outputs of the Committee are published to the [APC website](#), hosted by Lambeth CCG. 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 on the APC website signposts users to guidance from the national RMOC.

#### 4. Terms of Reference Revision

The NHS landscape is changing both nationally and locally to deliver system-wide changes in line with the NHS Long Term Plan. New organisational structures will be implemented from April 2020, with the formation of SEL Clinical Commissioning Group through the merger of the 6 SEL CCGs. In view of this, the annual review for the ToR for the SEL APC will be postponed until the new structures are clear. The existing ToR will be updated once new NHS structures are in place.

As the new SEL CCG is established, the organisational change in South East London will result in some changes to the Committee's operation in the future, which will be reflected in the revised ToR.

#### 5. Workplan and Financial Planning

In 2019/20, 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 **£11K/100,000 population** or **~£200,000** across the local health economy (using the upper threshold cost estimate and savings identified from an amber recommendation for eye drops to treat glaucoma). This does not include the impact from recommendation 100 for licensed glycopyrronium bromide oral solution as, depending on the scenario, the cost impact ranged from additional costs of up to £390K to savings of up to £600K. Additionally, savings from the work undertaken by the APC subgroups on medicines of low clinical priority and self-care have not been factored in here. These resources will support reduced prescribing in line with national guidance and thus savings in this area (for example, from a number of grey recommendations). Savings from the use of preferred direct oral anticoagulant agents (APC position statement 023) have also not been included (~£300K for SEL) as the majority of this saving is likely to be realised in 20/21. A detailed summary of the Committee's outputs and on-going work can be found in Appendix 2.

These estimates do not include costs/savings 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.

Horizon scanning to identify new medicines that are likely to have significant impact or opportunities for savings is undertaken through the APC's individual pathway sub-groups. Additionally an annual horizon scanning update is presented to the Committee by the Director of the Regional Medicines Information Service, summarising the key medicines likely to have impact over the next financial year. The update includes new medicines, scheduled NICE technology appraisals and anticipated savings from patent expires and biosimilar launches.

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 20/21 is on hold and will be published once the situation with the Covid-19 pandemic stabilises and organisations have time to consider areas that can be delivered. The Committee's work plan will promote continuing engagement and leadership opportunities for organisations on a rolling basis.

## 6. Key future priorities for 2020/21

The SEL APC has identified the following key priority areas for 2020/21:

- To complete a recruitment process for a new APC Chair
- To progress areas of work identified in the APC work plan for 20/21
- 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

## 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 deliver the work of the Committee and its sub-groups. 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.

Finally, a massive thank you and a sad goodbye to Dr Howard Stoate, who retired at the end of March 2020. Dr Stoate has skilfully chaired the Committee since its inception in 2013 and was critical in helping to set up and shape the SEL APC. Committee members thank Dr Stoate for his leadership of the Committee over the last seven years, his expert Chairmanship and his boundless energy and enthusiasm. We wish Dr Stoate well for the future, especially his planned travels! A recruitment process for a new Chair will be undertaken once the organisational and Committee structures in the new SELCCG have been agreed.

### **Report Author:**

Lead Pharmacist for the South East London Area Prescribing Committee

## Appendix 1a: Attendance by organisation in 2019 – Area Prescribing Committee

Organisation	Role	No. of meetings attended (max 4)	Maximum % meeting coverage (by organisation)
<b>SEL CCGs</b>			
Bexley	GP Clinical Lead (Chair)	3	100%
	GP Clinical Lead	2	
	Chief Pharmacist (or deputy)	2	
	SEL Exec Lead (role moved to Bromley CCG after January meeting)	1	
Bromley	Chief Pharmacist (or deputy)	4	100%
	GP Prescribing Lead	2	
	SEL Exec Lead (from March onward)	0	
Greenwich	GP Clinical Lead	3	100%
	Chief Pharmacist (or deputy)	4	
Lambeth	GP Clinical Lead	4	100%
	Chief Pharmacist (or deputy)	4	
Lewisham	GP Clinical Lead	4	100%
	Chief Pharmacist (or deputy)	4	
Southwark	GP Clinical Lead	3	100%
	Chief Pharmacist (or deputy)	3	
<b>SEL Trusts</b>			
GSTFT	Clinical Pharmacologist, Honorary Consultant Physician, Chair of Trust DTC	2	75%
	Chief Pharmacist and Clinical Director (or deputy).	1	
	Director of Regional Medicines Information	2	
KCH	Director of Pharmacy/Deputy Director of Pharmacy (or deputy)	3	75%
	Professor of Thrombosis/Haemostasis (June 2018)	0	
L&GT	Director of Pharmacy (or deputy)	4	100%
	Consultant Paediatrician, Chair, Medicines Management Group	2	
Oxleas	Chief Pharmacist/Deputy Chief Pharmacist	3	75%
SLAM	Chief Pharmacist/Deputy Chief Pharmacist	3	75%
<b>Other</b>			
SEL APC (Lambeth CCG hosted)	Lead Pharmacist	3	75%
Bromley Healthcare	Clinical Director or Lead Pharmacist (on extended leave in 2019)	0	0
South London Health Innovation Network (AHSN)	Lead Pharmacist for Medicines Optimisation	3	75%
LPC Representatives		2	50%
NHS England	South London Area Medical Director	0	0

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

- Public Health
- NEL CSU
- Consultant Cardiovascular Pharmacist for South London
- Consultant Diabetes Pharmacist for SEL

## Appendix 1b: Attendance by organisation in 2019 – Medicines and Pathways Review Group

Organisation	Role	No. of meetings attended (max 12)	Maximum % meeting coverage (by organisation)
<b>SEL CCGs</b>			
Bexley	GP Clinical Lead	8	100%
	Chief Pharmacist (or delegated staff)	11	
Bromley	GP Clinical Lead	9	100%
	Chief Pharmacist/Interface pharmacist (or delegated staff)	12	
Greenwich	GP Clinical Lead	7	100%
	Chief Pharmacist (or delegated staff)	12	
Lambeth	GP Clinical Lead 1 (joint MPRG Chair)	6	100%
	GP Clinical Lead 2	9	
	Chief Pharmacist (or delegated staff)	7	
Lewisham	GP Clinical Lead	9	100%
	Chief Pharmacist (or delegated staff)	11	
Southwark	GP Clinical Lead	9	92% (there was one meeting with no Southwark rep)
	Chief Pharmacist (or delegated staff)	11	
<b>SEL Trusts</b>			
GSTfT	Honorary Consultant Physician, Chair of Trust DTC (joint MPRG chair)	8	100%
	Formulary Pharmacist/support pharmacist	12	
	Director, Regional Medicines Information Services	3	
KCH	Formulary Pharmacist	11	92%
	Professor of Thrombosis/Haemostasis	0	
L&GT	Formulary Pharmacist	12	100%
	Clinical lead (not identified for 2019)	0	
Oxleas	Chief Pharmacist	9	75%
SLAM	Deputy Director of Pharmacy	4	25%
<b>Other</b>			
Bromley Healthcare	Lead Pharmacist	6	50%
SEL APC	Lead Pharmacist	12	100%

## Appendix 2: Outputs of the SEL APC in 2019/20

### APC categories:

	Suitable for hospital / specialist 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 <a href="#">here</a> )				
Issue date	Number	Title	Category	Estimated annual financial impact in SEL*
Apr 19	100	Etoricoxib 60mg and 90mg tablets for the symptomatic relief of symptoms in adults with ankylosing spondylitis and rheumatoid arthritis	Amber 1	Cost neutral
May 19	101	Buvidal® (buprenorphine) prolonged-release solution for injection (weekly or monthly injection) for the treatment of opioid dependence (time limited approval for 1 year)	Red	Cost neutral
May 19	102	Naloxone nasal spray 1.8mg (Nyxoid™) for the immediate emergency(time limited approval for 1 year)	Red	Negligible**
Jun 19	104	Rivaroxaban for superficial vein thrombosis in adults (off label use)	Red	£10,500
Jul 19	105	Testosterone in topical gel formulation for use in women with decreased libido in the menopause (Tostran™ 2% gel and Testogel™ 50mg in 5 grams)	Amber 2	£7,500
Jul 19	106	Melatonin (2mg modified release) for the management of specific headache disorders (all off-label use)	Red	£46,500
Aug19	107	Tafluprost 15 micrograms/mL (SAFLUTAN®) preservative free (PF) eye drops and tafluprost 15 micrograms/mL + timolol 5 mg/mL(TAPTIQOM®) PF eye drops for the treatment of elevated intraocular pressure (IOP) in adults with open angle glaucoma and ocular	Amber 2	Cost neutral
Aug19	108	Latanoprost 50 micrograms /mL with timolol 5 mg /mL preservative free unit dose eye drops (Fixapost®) for the treatment of elevated IOP in adults with open angle glaucoma and ocular hypertension	Amber 2	Savings up to £60,000
Sep 19	103	Mycophenolate sodium (mycophenolic acid) 360mg tablets for autoimmune rheumatic and dermatological conditions in patients unable to tolerate mycophenolate mofetil	Amber 3	£138,240
Sep19	110	Glycopyrronium bromide oral solution (licensed preparations) for the treatment of severe sialorrhoea in adults with chronic neurological disorders	Amber 2	Depending on scenario, costs upto £390K or savings upto £600K
Oct 19	109	Rivaroxaban for the treatment of heparin-induced thrombocytopenia (HIT) in adults (off-label use)	Red	£4,000
Oct 19	111	Semaglutide (Ozempic™) 0.25mg, 0.5mg and 1mg solution for injection in a pre-filled pen for type 2 diabetes mellitus	Amber 3	Cost neutral

## Appendix 2: Outputs of the SEL APC in 2019/20 continued

New Medicine Recommendations continued (can be accessed <a href="#">here</a> )				
Nov 19	112	Prasterone pessaries (Intrarosa®) for vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms	Amber 2	£31,000
Feb 20	113	Actikerall® cutaneous solution for the topical treatment of actinic keratosis (grade I/II) in immunocompetent adult patients.	Green	Cost neutral
Feb 20	114	Imiquimod 5% cream (Aldara®) for the topical treatment of nonhyperkeratotic, non-hypertrophic actinic keratosis (AK) on the face or scalp in immunocompetent adult patients	Green	Cost neutral
Feb 20	115	Fiasp™ insulin (insulin aspart) for the management of diabetes mellitus in adults	Amber 2	Cost neutral
Mar 20	116	Safinamide for the management of Parkinson's disease in adults (one year time limited approval)	Red	£22,000

**Notes:** \*Where a cost estimate range was presented as part of the submission, the upper range is provided here.

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

New Position Statements (can be accessed <a href="#">here</a> )	
Date	Title
Apr 19	Liothyronine tablets for temporary thyroid replacement therapy after thyroidectomy and prior to radioiodine therapy– PS-015 (Red, hospital only)
Apr 19	Liothyronine monotherapy or combination therapy for the treatment of resistant depression – PS-016 (Red, hospital only)
Apr 19	Unlicensed thyroid extracts (e.g. Armour thyroid, ERFA Thyroid, NatureThroid), compounded thyroid hormones, iodine containing preparations, dietary supplementation – PS-017 (Grey, cost avoidance)
Jul 19	Flash glucose monitoring systems – PS-18 (Amber 3)
Jul 19	Prescribing Recommendations for Adhesive Removers and Wipes in Stoma Care – PS-019
Jul 19	Stoma products that should not be routinely prescribed – PS-020 (Grey, cost avoidance)
Feb 2020	Prescribing of liothyronine tablets (monotherapy or in combination with levothyroxine) for hypothyroidism – PS-021 (Grey, cost avoidance)
Feb 2020	Minocycline for the treatment of acne – PS-022 (Red, hospital only)
Feb 2020	Preferred direct oral anticoagulants (DOACs) for: (i) Stroke prevention in non-valvular atrial fibrillation and (ii) Management of venous thromboembolism– PS-023 (Amber 3, note: cost saving, upto £300K in a year for SEL)
Mar 2020	Dronedarone for the maintenance of sinus rhythm after successful cardioversion in patients with non-permanent (paroxysmal/persistent) atrial fibrillation (AF) – PS-024 (Red, hospital only)
Updated recommendations and position statements (e.g. where NICE updated or category amended) (can be accessed <a href="#">here</a> )	
Jun 19	Recommendation 63 - Pitolisant hydrochloride (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults. (Updated following presentation of a report from the Sleep Centre and to reflect that pitolisant is tariff excluded from April 2019 and therefore chargeable to commissioners in line with the agreed local criteria.)
Oct 19	Recommendation 053 - Dulaglutide (Trulicity™) 0.75mg and 1.5mg solution for injection for type 2 diabetes mellitus (Updated to reflect transfer of prescribing in line with updated GLP-1 pathway.)
Nov 19	Recommendation 56 - Ulipristal acetate 5mg tablets (Esmya®) for the intermittent treatment of moderate to severe uterine fibroids Dec 2019 (Updated from Amber to red following safety concerns.)
Nov 19	Recommendation 079 - Sucroferric oxyhydroxide (Velphoro®) 500mg chewable tablets for the treatment of hyperphosphatemia in adult renal dialysis patients. (Previous time limited approval, remained as red following clarity that NHSE is the commissioner.)
Feb 2020	Position statement PS-006: Rubefaciants (excluding topical NSAIDs and capsaicin) for musculoskeletal pain. (Updated in line with revised NHS England guidance.)

Withdrawn recommendations and guidelines (e.g. where superseded by a NICE TAG or local guideline developed)/ or not approved	
July 19	Withdrawal of position statement number 012: FreeStyle Libre® Flash Glucose Monitoring system ( <i>Withdrawal notice, replaced by position statement 018.</i> )
Sep 19	Withdrawal of shared care guideline: Disease Modifying Anti-rheumatic Drugs (DMARDs): Azathioprine, Hydroxychloroquine, Leflunomide, Methotrexate, Mycophenolate and Sulfasalazine for the treatment of autoimmune rheumatic diseases in Adults. ( <i>Withdrawal notice, replaced by immunomodulators shared care guidance for adults.</i> )
Sep 19	Withdrawal of shared care guideline: AZATHIOPRINE OR MERCAPTOPYRINE for the treatment of Inflammatory Bowel Disease in ADULTS ( <i>Withdrawal notice, replaced by immunomodulators shared care guidance for adults.</i> )
Jan 2020	Withdrawal of formulary recommendation 010: Ingenol mebutate gel (Picato®) for the cutaneous treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis in adults ( <i>Withdrawal notice withdrawn following safety concerns and temporary withdrawal of the medicine's licence.</i> )
Mar 2020	Withdrawal of formulary recommendations 021 and 056 relating to the use of ulipristal 5mg tablets (Esmya™) in women with uterine fibroids. ( <i>Withdrawal notice 021 and 056; withdrawn due to safety concerns with the medicine and temporary suspension of the licence.</i> )
Guidelines/Pathways/policies/leaflets	
Apr 19	Management of adult non-cancer chronic pain (new)
Apr 19	South East London integrated guideline for the management of asthma in adults (update)
Apr 19	South East London Integrated Guideline for the Management of Chronic Obstructive Pulmonary Disease (update)
Apr 19	South East London Guideline for the Management of cows' milk protein allergy in Primary Care (update)
Apr 19	<b>Self-care resources:</b> <ul style="list-style-type: none"> <li>Frequently asked questions about changes to prescribing of over the counter medicines and products in South East London</li> <li>Self-care decision aid for Healthcare professionals in South East London</li> </ul>
Apr 19	South East London Sector Interface Prescribing Policy and Private prescribing guide (update)
Jun 19	Integrated Guideline for the Management of Allergic Rhinitis (update)
Jun 19	Patient information leaflet on the use of testosterone gel for the symptoms of menopause (new)
June 19	Primary & Secondary Care Inflammatory Bowel Disease Pathway (update)
Jul 19	Stoma care nurse review letter template (new)
Jul 19	Stoma care nurse transfer of prescribing letter template (new)
Jul 19	Flash glucose monitoring systems – updated guidance following publication of NHSE criteria for use: <ul style="list-style-type: none"> <li>Flash glucose monitoring systems – position statement 018</li> <li>Flash Glucose Guidance and Pathway</li> <li>Flash Glucose initiation letter</li> <li>Flash Glucose patient prescriber agreement and transfer of prescribing</li> <li>Flash Glucose 6-9 month review letter</li> <li>Flash Glucose Patient FAQ</li> <li>Flash Glucose Competencies and Resources</li> <li>Flash Glucose Primary Care information Sheet</li> <li>Flash Glucose Community Pharmacy Information Sheet</li> <li>Flash Glucose safe disposal</li> </ul>
Sep 19	Rheumatoid Arthritis drug treatment pathway (update)
Sep 19	Seronegative spondylarthropathy drug treatment pathway (update)
Sep 19	Treatment options for the management of hypersalivation in adult neurology patients (new)
Sep 19	Treatment pathway for Chronic Open Angle Glaucoma and Ocular Hypertension (update)
Sep 19	Guidance on calculating renal function (creatinine clearance) when monitoring direct oral anticoagulants (DOACs) (update)

<b>Guidelines/Pathways/policies/leaflets cont'd</b>	
Sep 19	<b>Antimicrobial Stewardship (AMS) – SEL AMS awareness campaign resources:</b> <ul style="list-style-type: none"> <li>Useful links to publically available campaign resources (e.g. leaflets, posters, videos and links to educational websites)</li> <li>Template AMS presentation for healthcare professionals</li> <li>Template AMS presentation for a lay audience</li> <li>Potential ideas to support AMS in South East London</li> </ul>
Oct 19	South East London Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus (update)
Oct 19	Guidance for the management of neuropathic pain in adults (update)
Nov 19	Urticaria treatment pathway for adults (update)
Dec 19	Guidance for the use of quadrivalent HPV vaccine in the treatment of anogenital warts in men and women (update)
Jan 2020	Rheumatology pathway monitoring framework (updated)
Jan 2020	South East London Dermatology Guidelines for primary care (new)
Jan 2020	Glucagon-like peptide analogue pathway for adults aged 18 years and over with Type 2 Diabetes Mellitus
Jan 2020	SEL Red, Amber, Grey (RAG) list for adults (update) SEL RAG list for paediatrics (new)
Feb 2020	Overactive Bladder (OAB) Care Pathway for adults in primary care (update)
Feb 2020	Restless legs syndrome pathway and GP factsheet (update)
Mar 2020	Guidance for the initiation of anticoagulation for stroke prevention in Non-Valvular Atrial Fibrillation (new)
Mar 2020	Direct Oral Anticoagulant (DOAC) Referral Pathway for Non-Valvular Atrial Fibrillation patients in South East London (secondary to primary care) (new)
<b>Shared Care / transfer of care /GP information sheet guidance</b>	
Apr 19	Shared Care Prescribing Guideline: Aripiprazole prolonged-release suspension for injection (depot) for the treatment of schizophrenia in adults (update)
Apr 19	Shared Care Prescribing Guideline for paliperidone long-acting injection for the treatment of schizophrenia in adults (update)
Sep 19	Shared Care Guideline for the prescribing and monitoring of non-biological immunomodulatory drugs in dermatology, gastroenterology and autoimmune hepatitis, neurology, ophthalmology, oral medicine, respiratory and rheumatology in ADULTS (new)
Oct 19	Transfer of Prescribing document for the GLP-1 analogues (update)
Nov 19	GP Information sheet: Continuation of prescribing request for danazol for cholinergic urticaria (new)
Nov 19	GP Information sheet: Continuation of prescribing request for doxepin for chronic urticaria (new)
Nov 19	GP Information sheet: Continuation of prescribing request for of naltrexone in idiopathic pruritus (new)
Nov 19	Shared Care Prescribing Guideline for APO-go® (apomorphine) for treatment of Parkinson's disease (update)
Jan 2020	Shared Care Prescribing Guideline for nebulised mucolytic and antibiotic solutions for the treatment of Cystic Fibrosis in existing patients only (update)
<b>Ongoing work (under development)</b>	
Resources for the NHS England low priority POMs initiative and self-care – to be continued as new and updated guidance is published by NHS England.	
Monitoring framework and costing details for ophthalmology clinical pathways and update to the clinical pathways	
Further development of and regular updates to the paediatric SEL RAG list through the year	
Pathway for the management of Immune thrombocytopenia (ITP)	
Update to vitamin D guidelines	
Treatment pathway for the management of different types of headache (including migraine)	
Treatment pathway for the management of erectile dysfunction	
Treatment pathway for the management of Lower Urinary Tract symptoms (LUTS) in men	
Summary of the different types of available adrenaline autoinjectors	

# Current existing South East London APC pathway groups

