

South East London Integrated Medicines Optimisation Committee
21 April 2022 (Meeting held via MS Teams)
Final Minutes

1. Welcome, introductions and apologies

The Chair welcomed attendees to the meeting followed by a round of introductions. Apologies were noted.

2. Conflict of interests – declarations and DOI refresh

The Chair asked that any conflicts of interest with the meeting agenda be declared and that any outstanding annual declarations be returned. No conflicts were raised.

3. Detailed action notes of the last meeting, minutes and action log:

The minutes were accepted as an accurate record pending corrections to a few minor grammatical typos. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. Approach to the implementation of the national framework for Direct Oral Anticoagulants (DOACS)

The author was in attendance to present this item. Members noted the implementation plan for the national DOAC procurement framework which supports the cost-effective use of DOACs for the management of atrial fibrillation (AF). Following a national procurement exercise, NHS England and Improvement have recommended edoxaban as the preferred DOAC for the management of AF where clinically appropriate followed by rivaroxaban as the second line option. All other DOACs remain available for prescribing where clinically appropriate, in line with NICE guidance.

In SEL, edoxaban is already the DOAC of choice for the management of AF, however further education and reinforcement of the message that edoxaban is the preferred DOAC for AF in SEL is still required.

Committee members noted NHS England and Improvement have provided assurance that the national framework for edoxaban as the preferred DOAC will remain in place for the next 5 years.

The Committee noted future resources to support implementation of the preferred DOAC programme will be developed through the CVD sub-group and presented to the Committee for approval.

The Committee thanked the author for presenting the planned approach for implementing the national framework in SEL.

5. Guidance and poster on the treatment of depression in women who are pregnant or planning pregnancy

The author presented this item which has been developed following feedback from Lewisham borough midwives, who have found many women stopping or receiving advice to stop their antidepressants by their GP during pregnancy as it could be unsafe. A survey of GPs conducted in Lewisham also identified that resources to help manage pregnant women would be helpful. The guideline aims to highlight the importance of managing maternal depression and the risks of inappropriate management.

Comments were raised regarding the poster, a focus on depression and anxiety as opposed to mood or mental illness was requested as this would be in line with the guidance. To avoid confusion, Committee members also agreed the guidance should be clear that it is not making recommendations on the choice of antidepressants. Additional comments were raised regarding grammatical changes as well as new additions to the guideline for example a references list and reference to the UKTIS and TOXBASE website.

The Committee agreed by consensus that the guideline and poster require amendment as per discussions and should be re-presented at a future IMOC meeting.

ACTION: Guideline and poster to be amended as per discussions and re-presented at a future IMOC meeting.

6. Shared Care of Medicines – South East London Action Plan

The SEL IMOC Lead Pharmacist and SEL CCG Chief Pharmacist presented this item for noting. This system wide action plan has been developed following previous SEL IMOC discussions regarding some of the challenges associated with shared care across primary and secondary care. Implementation of the action plan will be borough led with the SEL IMOC having oversight over certain elements of the action plan that fall under the remit of the IMOC. The action plan is a workstream on the 2022-23 SEL IMOC workplan and this will allow for progress against the action plan to be monitored.

Committee members discussed the action plan and raised various comments and queries including the commissioning elements of shared care and how best to improve the communication of shared care between secondary and primary care. The Committee discussed the monitoring of shared care medicines in primary care which tends to be reactive as the call and recall system is not intuitive which causes delay in prescribing. Committee members recognised where possible, practices should be moving away from being reactive to proactive and there are clinical IT systems within primary care which can be better utilised to support the call and recall system.

A Comment was raised about the use of the terminology “high risk medicines” within the action plan. Committee members felt that the definition of “high risk” medicines is interpreted differently in primary and secondary care. Committee members agreed that this should be amended to “Amber 3 medicines” as this is well recognised.

Committee members acknowledged that it would take time to deliver certain elements of the action plan but welcomed the plan as a positive step in supporting improvements in this area. Updates on progress with its delivery will be presented through the quarterly IMOC work plan updates.

7. SEL IMOC workplan 2022/23

The SEL IMOC Lead Pharmacist presented this item covering the proposed workstreams for the SEL IMOC in 2022/23. Due to the pressures associated with the COVID19 pandemic, the progress of certain workstreams from the last year were delayed and will continue in 22/23. The Committee noted the list of SEL IMOC guidance requiring review and the updated SEL IMOC reporting structure.

Committee members approved the SEL IMOC workplan 2022/23 by consensus pending minor amendments as per discussions.

ACTION: SEL IMOC workplan 2022/23 to be amended as per discussion and progressed for ratification via Chair’s action

8. Updated Terms of Reference (ToR) for the SEL Integrated Medicines Optimisation Committee

The SEL IMOC Lead Pharmacist presented this item which has had minor updates as highlighted in the agenda pack. The main update is to the IMOC reporting structure under the new Integrated Care Board. The updated ToR will be presented to the ICS transition board for review and sign off.

Committee members approved the SEL IMOC updated ToR by consensus.

ACTION: SEL IMOC ToR to be submitted to the SEL ICS transition board for sign off

9. Request to add Parkinson specialists to formulary recommendation for the initiation of clonazepam in Rapid Eye Movement (REM) disorders

The Formulary Pharmacist presented this item requesting the addition of Parkinson disease specialists to the SEL Joint Medicines Formulary (JMF) as initiators of clonazepam for the management of REM disorders in Parkinson’s disease. Currently within the SEL JMF, clonazepam can only be initiated by the GSTT sleep centre under an Amber 2 RAGG category . The use of clonazepam for REM disorder in Parkinson disease is recommended as per NICE guidance.

A comment was raised regarding which clinicians are considered as Parkinson's disease specialists. The presenter clarified that Parkinson's disease consultants would be the only Parkinson's disease specialists initiating clonazepam in this patient cohort.

The Committee were informed that this practice is already occurring, and this request would formalise the status on the formulary. The anticipated cost impact of this request is within the thresholds the Committee is authorised to approve.

The Committee agreed by consensus the inclusion of Parkinson's disease consultants to the SEL JMF for the initiation of clonazepam in REM.

ACTION: Parkinson's disease consultants to be added as initiating clinicians for clonazepam in the management of REM within the SEL JMF.

10. Formulary recommendations:

- New: Rivaroxaban for the treatment of venous thromboembolism (VTE) in paediatrics (aged less than 18 years old) – following the formulary application presented at the last meeting (time limited approval).
- Update: Recommendation 119 Botulinum toxin type A via intramuscular injection into vocal cords for spasmodic dysphonia (laryngeal dystonia) in adults – updated in line with outcomes report presented at the last meeting.
- Update: PS-002 Sativex™ oromucosal spray for the treatment of moderate to severe spasticity due to multiple sclerosis (MS) in adults – updated in line with report on usage and implementation presented at the last meeting.

Committee members approved the formulary recommendations by consensus.

11. Request to categorise salbutamol nebulas 2.5mg/2.5ml and 5mg/5ml as Amber 1 (specialist recommendation)

The Formulary Pharmacist presented this item following a recent near miss in another London region. The request to categorise salbutamol nebulas as Amber 1 aims to support GPs to prescribe salbutamol nebulas appropriately and safely and allow specialist input. Patients who require management with a nebuliser require specialist review and a management plan for their asthma or COPD.

A comment was raised regarding whether other London regions also categorise salbutamol nebulas as Amber 1 or plan to recategorise to Amber 1. The Formulary Pharmacist advised that the categorisation of salbutamol nebulas across London is not currently known, however if salbutamol is approved for categorisation to Amber 1, this can also be shared with other London regions.

The Committee agreed by consensus to categorise salbutamol nebulas 2.5mg/2.5ml and 5mg/5ml as Amber 1 (specialist recommendation).

ACTION: Salbutamol nebulas 2.5mg/2.5ml and 5mg/5ml to be categorised as Amber 1 within the SEL JMF.

12. Good practice guidance for the safe use of 'When required' (PRN) medicines in care homes

The Bromley Medicines Optimisation IMOC representative presented this item which has been developed to improve the management of PRN medicines in care homes following feedback and concerns raised by local care homes, nurses and the Care Quality Commission (CQC).

A community pharmacy section has been included, to help improve consistency across SEL in regards to the ordering and dispensing of PRN medicines for care home patients and reduce medication waste. The guideline also highlights the importance of consent to ensure where appropriate patients are provided with information about their PRN medicines and understand why and when they should take PRN medicines.

Comments were raised regarding general grammatical changes and clarifications. A comment was raised regarding the involvement of the Local Authority (LA) and Local Pharmaceutical Committee (LPC) in the development of the guideline. The Committee noted the SEL borough teams leading on the development of the guideline included their local LA teams during the consultation stage of the guideline, however involvement of the LPC requires confirmation.

The Committee ratified the guideline by consensus pending updates as per the discussion.

ACTION: Guideline to be amended as per discussion and progressed for ratification via Chair's action

13. South East London self-care poster and patient information leaflet (PIL)

The author presented this item which has been developed and consulted on across SEL in line with the national self-care agenda and to support an upcoming campaign on self-care in primary care. The new SEL self-care poster and leaflet aims to bring consistency and awareness to clinicians and patients regarding self-care.

The Committee noted the initial printing of the self-care posters and PIL will be distributed to GP practices and Community Pharmacies, however electronic versions will be made available to other local NHS organisations such as acute Trusts and urgent care centres.

A comment was raised regarding an update to one of the QR codes within the PIL, the author confirmed this would be reviewed and updated.

Committee members thanked the author for their work in developing a SEL wide self-care poster and leaflet. The Committee approved the self-care poster and PIL by consensus pending updates as per the discussion.

ACTION: Self-care poster and patient information leaflet to be amended as per discussion and progressed for ratification via Chair's action.

14. Standing items

- Formulary submissions tracker

Noted.

- NICE Technology Appraisal Guidance Summary

The summary was noted and Red, Amber, Green, Grey (RAGG) categories were agreed by consensus for NICE TAs published since the last meeting.

IMOC dates for next 3 months

Date	Time	Venue
19 th May 2022	2:00pm – 4:30pm	MS Teams
16 th June 2022	2:00pm – 4:30pm	MS Teams
21 st July 2022	2:00pm – 4:30pm	MS Teams