

All-Party Parliamentary Group for Prescribed Drug Dependence

Meeting Minutes 24th January 2018

Officers:

Paul Flynn MP APPG Chair Oliver Letwin MP Co-chair Lord Patel of Bradford Co-chair Earl of Sandwich Co-chair

Baroness Masham of Ilton Co-chair

Luke Montagu Secretariat James Davies, Secretariat

Harry Shapiro Secretariat

Anne Guy (AEG) Secretariat (co-ordinator)

Andrew Green (AG) BMA Gemma Hopkins, BMA
Rob Wilson BMA Head of the Science & Public Health
Laurence Russell BMA Policy Advice & Support Officer
John Read Professor of Clinical Psychology, UEL

Guest speakers

Tom Costley REST (Mind in Camden), Operations Director

Jilly Moore REST (Mind in Camden), Service User Rosanna O'Connor PHE Director, Alcohol, Drugs & Tobacco

Fizz Annand PHE Programme Manager

Apologies

Normal Lamb MP Kirsty Blackman MP Richard Luce Peer Ilora Finlay Peer Pete Burkinshaw PHE Alcohol & Drug Treatment, Recovery Lead

Item	Description	Who	By When
1	The minutes of the previous meeting held on 12 th		
2	REST presentation was heard from TC and JM, who confirmed that the service which costs less than £50Kpa to run, was being closed in 2019 with no clear plans for equivalent alternative services in place. Given the service is likely to save at least £200K+ in disability benefit (JD) this was seen as a short-term approach to cost cutting. It was also recognised what a loss of expertise would be incurred in such a closure and agreed that the APPG would take up the offer of a meeting made by the CCG in a letter to PF.		
	APPG to contact and arrange.	JD/OL	28/2

3	PHE (RoC and FA) presented the scope for the newly announced review into the evidence on prescribed medicines that may cause dependence or withdrawal.		
	FA confirmed that PHE has secured access to the data for all prescriptions in England (not the subset voluntarily uploaded by GP surgeries as used in the recent NatCen report). PHE will also be considering international evidence in its review providing it meets pre-set quality criteria.		
	RoC confirmed that any substantial piece of follow up work to cover those areas out of scope for this review would require a further commission from the DH.		
	Stakeholder expert group FA confirmed that whilst the composition of this group has not yet been fully determined an APPG representative would be invited to join, alongside patient representatives and others from clinical psychology and psychiatry. AEG to contact FA.	AEG	31/1
	As PHE are not conducting primary research it will not invite individual testimony but the review will consider evidence / research based on collations of such testimony, (whether published in peer reviewed journals or not).		
	JR asked if PHE could exclude anyone who has taken money from big pharma in the last 5 years. RoC confirmed this issue is on PHE's radar though can't give assurance that no-one with any such connections will provide evidence to the review as this is not seen as practical. She did confirm, however, that PHE would make every effort to ensure issues with past reviews are not repeated.	RoC	
	How will the review lead to action? OL highlighted the need for a set of practical, affordable recommendations. RoC confirmed the review would include suggested mechanisms to respond to the needs identified and consider models for service provision that 'have been evaluated and written up' as part of the call for papers. [Post meeting note: PHE have been asked to clarify what criteria will apply to the call for papers, i.e. what does evaluation mean in this context]. The APPG would wish the		
	review to learn from those few existing dedicated services e.g. the Bridge Project.	FA	Mar 18

	All agreed the review should include a menu of options for the DH to take into design of services.	RoC/ FA	Q1 2019
	RoC also confirmed she is talking to PHE's social marketing team about possible ways of educating patients about PDD. GP awareness mechanisms are also required and concrete suggestions will cover this.		
4 4.1	Any other business Scotland and Wales: The excellent work being done through the submission of petitions in Scotland (Marion Brown) and Wales (Stevie Lewis) was recognised and discussed. The APPG and BMA will provide further support as appropriate in responding to questions raised at the petition hearings.	AEG/ AG	
	RoC also confirmed she could liaise with Public Health Network colleagues who meet regularly to share learning from England to the regions and will add to the next meeting agenda.	RoC	ТВА
4.2	AG (BMA) advised that it will shortly be possible to report on individual GP prescribing numbers but wished to stress that the data will show, not quality, but difference (e.g. in his practice he may appear to have a high prescription rate for certain PDs because he specialises in working with patients trying to reduce their dependence for the practice as a whole).		
4.3	Guidance for Psychological Therapists working with clients taking prescribed psychiatric drugs – update. The secretariat reported that appropriate volunteers have now been recruited to help create the guidance and sufficient funds secured from the main professional therapy organisations (BACP, UKCP and BPS) to proceed with creating the guidance. It is		
	envisaged that first outputs will be under review by the end of the year with dissemination starting in spring 2019.	AEG/ JD/ LM	