All-Party Parliamentary Group for Prescribed Drug Dependence

Meeting Minutes 17th October 2018

Present:

Oliver Letwin MP (OL)	APPG Chair
Earl of Sandwich (ES)	Co-chair
Norman Lamb MP	Co-chair (part of meeting)
Luciana Berger MP	Co-chair (")
Lord Patel of Bradford	Co-chair (")
Dan Poulter MP	
Luke Montagu (LM)	Secretariat
James Davies (JD)	Secretariat
Anne Guy (AG)	Secretariat (co-ordinator)
Peter Kinderman (PK)	Secretariat

Guests

Rosanna O'Connor (RoC)	PHE Director, Alcohol, Drugs & Tobacco
Pete Burkinshaw (PB)	PHE Alcohol & Drug Treatment, Recovery Lead
Fizz Annand (FA)	PHE Programme Manager
Clare Perkins (CP)	PHE Deputy Director- Priorities and Programmes
Laurence Russell (LR)	BMA, BMA Policy Advice & Support Officer
Yasir Abbasi (YA)	Consultant Psychiatrist & Honorary Senior Lecturer, University of Liverpool

Apologies

Paul Flynn MP (PF)	Co-chair
Baroness Masham of Ilton	Co-chair (SM)
Harry Shapiro	Secretariat

Item	Description	Who	By When
1	**Annual General Meeting** Sir Oliver Letwin MP was duly nominated and re-elected as chair, with Luciana Berger MP, Norman Lamb MP, Earl of Sandwich, Baroness Masham of Ilton and Paul Flynn MP nominated and re-elected as co-chairs. AG to register the results of this election within the stipulated 28 days.	AG	14/11
2 2.1	**PHE Review – update presentation** PB updated the meeting on the progress of the evidence review now underway (see slides). FA confirmed that the 5 review protocols[1] were published on Prospero (a register of systematic reviews) on the 16th October.		
2.2	PHE confirmed it had offered to meet with long-term campaigners over the summer but the offer had not been taken up. LM noted that some might be too ill to be able to meet. NL		

	wondered how trust might be built with patient communities given the importance of this he's learned from other reviews (Gosport). RoC confirmed she had also offered to meet with BF who has resigned from the ERG. PHE would welcome a recommendation for a replacement for Baylissa Frederick if she cannot be persuaded to stay on the ERG. APPG to email PB/FA.	RoC LM	 End Nov
2.3	In terms of the review timeline, PHE confirmed that whilst the 2nd ERG meeting date had moved to 14th January, this had not affected the overall timeline confirmed in the presentation. It is envisaged that PHE will have some of the data in January, and recommendations will start to emerge by April (reviewed by ERG in March). It was agreed that PHE should come back to APPG in early Feb and again in April around emerging recommendations. PHE advised the final report would be published in June. OL will arrange to meet with LB, NL one to one in the meantime.	AG OL	Early Feb & Apr 19 Jan 19
2.4	It was agreed it would be useful to speak with Matt Hancock towards the end of the financial year re what would be helpful to have in place for next year in terms of commissions & budget to help implement whatever recommendations come out of the review. (Recognised need to ensure this subject is also looked at for under 18s and other areas placed out of scope for phase 1 in a phase 2).	OL	Jan 19
2.5	NICE withdrawal commission: LM asked where discussions had got to. PB advised that PHE are in discussion with NICE and that the intent is that it complements and builds on the PHE review – but it is in a "different space and will be more about medicines optimisation". It is seen as part of the ongoing implementation, and NICE are on the ERG. It was noted that the first NICE guideline in which relevant withdrawal guidance is currently given is that on Depression (CG90) due for publication in Dec 2019. PHE advised they are not able to influence the NICE review on this guideline. OL suggested once the PHE review has been published NICE should be invited to attend the APPG to discuss its findings. APPG to schedule a meeting in June with NICE (as PHE advised target is to publish in June).	AG	For Jun 19
2.6	Re the 10 year cut off period for papers that will be considered by the review, it was noted that important research especially around benzodiazepines such as the Ashton Manual will be excluded unless an exception can be made. PHE advised that the assumption is that later work will have built on earlier papers but CP offered that by exception PHE would consider specific pieces of work outside the 10 year period and highlighted by the APPG as being of significant importance, to ensure that the findings were reflected in the body of literature under review. APPG to email re Prof Ashton's work by 23rd October.	AG	Done

2.7	In terms of the review protocol considering the effectiveness of existing service models (CRD42018111357) it was noted that the prescribed medication support service (PMSS) in Wales has been operating for 20 years – if it is possible it would be of immense interest to compare the number of patients taking drugs such as benzodiazepines and Z drugs with the rest of the UK which has not had such a service in place. Wales has its own database known as CASPA (Comparative Analysis System for Prescribing Audit). PHE to look into.	PB / FA	TBC
2.8	YA raised concerns around the online purchase of prescribed drugs and we need to ensure that any changes to guidelines don't inadvertently create incentives for patients to seek drugs online. Carry forward to discussions around implementation.	ALL	Apr 19
3.	**Implementation** It was noted that members of the APPG secretariat are meeting with the leadership of the RCPsych in early November, with a view to finding common ground ahead of the publication of the PHE review.		
	It was agreed that the APPG would also approach the RCGP for the same purpose.	PK	14th Nov
	It was noted that the support of the Royal Colleges would make the updating of syllabi (via the Medical Schools Council and Academy of Royal Colleges) more straightforward. LR confirmed the BMA would be happy to be engaged in these discussions.	PK	Nov / Dec 18
	Re current gaps in research (e.g. around long term outcomes of antidepressant use, developing tapering protocols) it was agreed between now and May that the APPG would start formulating descriptions of research projects needed, even if worded quite widely & then review in light of PHE review recommendations. These can then be used to approach NIHR & other funding bodies to influence a call for proposals for research.	PK / JD	Nov 18 – May 19
4.	**AOB**		
4.1	**REST (Mind in Camden) update**: a report was circulated from Brian Dawn, Mind in Camden Chief Executive, summarising the commitments given by the new contract holder, CGL, who will be delivering services from April 2019. It was agreed that the APPG should follow up in April 2020 to see if the commitments have been delivered on. JD or LM to contact MD in the meantime.	AG JD / LM	Mar 2020 Nov 18
4.2	LM briefed OL re the Bristol and District Tranquiliser Project and the essential helpline and services it has been offering for since 1985. This service is one of the four being summarised for submission for the PHE call for evidence.		
4.3	Next meetings will be held in early February, April and June possibly as breakfast meetings. AG to book.	AG	End Nov

[1]From PROSPERO International prospective register of systematic reviews:

What are the current existing examples of services providing withdrawal support and what is the effectiveness and cost-effectiveness of the health/social service delivery models that prevent or treat dependence and the short term discontinuation or longer term withdrawal symptoms from prescribed medicines?
CRD42018111357

What is the current evidence about patients' own experiences of the harms caused by prescribed medicines specifically relating to dependence and the short term discontinuation or longer term withdrawal symptoms from prescribed medicines and their experiences of accessing and engaging in treatment?
CRD42018111356

What are the most effective and cost effective approaches to the prevention and treatment of dependence, short term discontinuation or longer term withdrawal symptoms from the following prescribed medicines: opioids for chronic pain (excluding end of life /palliative care/cancer pain), benzodiazepines, Z-drugs, gabapentin and pregabalin (excluding epilepsy treatment), and antidepressants?
CRD42018111349

What are the harms associated with dependence, and the short term discontinuation and longer term withdrawal symptoms from the following prescribed medicines: opioids for chronic pain (excluding end of life /palliative care/cancer pain), benzodiazepines, Z-drugs, gabapentin and pregabalin (excluding epilepsy treatment), and antidepressants?
CRD42018111310

What are the factors that contribute to the risk of harms associated with dependence and the short term discontinuation or longer term withdrawal symptoms from the following prescribed medicines: opioids for chronic pain (excluding end of life /palliative care/cancer pain), benzodiazepines, Z-drugs, gabapentin and pregabalin (excluding epilepsy treatment), and antidepressants?
CRD42018111319