All-Party Parliamentary Group for Prescribed Drug Dependence

Minutes 4th March 2021 (on zoom)

Present:

Danny Kruger MP (DK)	Chair	Lord Crisp (NC)	Co-Chair
Earl of Sandwich (ES)	Officer	Baroness Masham of Ilton	Officer
Baroness Cumberlege (JC)	Member	Luke Montagu (LM)	Secretariat
James Davies (JD)	Secretariat	Anne Guy (AG)	Secretariat
Countess of Sandwich (CS)	Observer		

Guest speakers:

Prof Helen Stokes-Lampard	Professor of GP Education, Chair of the Academy of Medical Royal Colleges (AoMRC), a GP Principal and Chair of the National Academy for Social Prescribing
Bev Taylor	Operations Director National Acad for Soc Prescribing
Dr Keith Ridge	Chief Pharmaceutical Officer at NHS England
Sura Al-Qassab	Deputy Director, Medicines Policy Unit NHS England

Other guests:

George Roycroft	Head of Policy, Royal College of Psychiatrists

Item	Description	Who	By When
1	**Update on research into the costs of unnecessary prescribing of dependence forming drugs (Dr James Davies)** This costing analysis indicates that the NHS in England incurs a significant annual economic loss (indicated range of £320m - £642m) as a result of non-indicated or dispensable prescribing of dependency-forming medicines (antidepressants, opioids, gabapentinoids, benzodiazepines, Z-drugs). These costs also include those incurred through unnecessary primary care consultations. These results suggest that de-prescribing programmes could specifically target unnecessary prescribing in these drug classes as could deprescribing outreach programmes as part of any future dependency / withdrawal provision. These losses must be factored into future cost-effective policy appraisals of proposed dependency and withdrawal provision, given deprescribing and outreach programmes, while requiring investment, also have the potential to reduce substantial waste. AG to send KR a copy of the presentation.	AG	
2	**An overview on Social Prescribing and the Link Worker programme** (Prof Helen Stokes-Lampard, Bev Taylor) HSL gave an update on the implementation of Social Prescribing, which they define as '*Supporting people via social prescribing link-workers, to make community connections and discover new opportunities, building on their individual strengths and preferences, to improve health and wellbeing.'*		

	The programme, which is seeing NHS England as the first healthcare system in the world to invest in Social Prescribing at scale with over 1,300 funded Link workers already based in GP surgeries, is overseen via a registered charity – the National Academy for Social Prescribing which is also seeking to improve the evidence base around the initiative. She outlined thoughts about how this programme might fit with ideas around 'Rethinking Medicine', where the future of healthcare focuses more on prevention and treating people holistically, designing the medical journey for the citizen not institutions. BT updated the meeting on how link workers are embedded in Primary Care multidisciplinary teams and how they have been working during the pandemic. She went on to describe how they went about building a consensus for the implementation of the programme with several lessons of value for prescribed drug dependence services, including making the case for investment, writing detailed guidance, nurturing the local voluntary sector, funding small groups, and encouraging local responses. In the following discussion it was suggested that the secretariat would follow up with BT re potentially talking to an Integrated Care System (ICS) to pilot services. The right to an annual review of medication could be supported by a range of roles – clinical pharmacist, link worker, Prescribed Medication Support Worker if available. BT highlighted the benefits for social prescribing of bringing together all those already doing it as a network, to highlight existing activity. AG confirmed a start has been made with this for prescribed drug dependence with the Withdrawal Services Working Group. BT also confirmed the importance of building relationships with GPs – they had often to work to demonstrate the benefits of it for patients and practices & PDD will need the same. The APPG will also talk further to HSL re future directions for healthcare systems.	LM / AG / BT	
4	**Progress with PHE recommendations (AG)** The main focus of the NHSE work is the development of a commissioning framework which "will support commissioners with the information and tools needed to optimise prescribing of medicines that can cause dependence and withdrawal". The APPG is one of many stakeholders which has been invited to contribute to this work as part of an Advisory Network. The secretariat has restated the objectives which the APPG has been working towards over the past couple of years, in order to assess whether their work is aligned with these objectives and to identify any gaps. These objectives are: 1) Mandatory nationwide provision of appropriately designed in person, dedicated withdrawal services, integrated with other services, and to include a prescribed medication specialist		

	2) Development and delivery of a 24-hour helpline & website to be integrated with the dedicated services, to include out of hours crisis support as well as drug information & tapering protocols		
4.2	**Identification of Patient Needs & needed Quality Improvements** The Withdrawal Services Working Group (WSWG), made up of representatives from existing dedicated services, academics and people with lived experience, has: • Analysed patients' needs when thinking about taking, taking or withdrawing from prescribed medicines associated with dependence and withdrawal • The resultant Statement of Patient Needs has been mapped to create a Conceptual 'to be' Patient Journey which describes the Primary Care Service Model necessary to meet these needs • The mapping identified the need for a new role of Prescribed Medication Specialist which would work as part of the multidisciplinary primary care team • The knowledge, information, experience and skills required to respond to Helpline contacts has been identified in order to clarify a) who would be needed to staff it and b) the depth of integration with local services required. Three 'case studies' based on the identified quality improvements were submitted at the end of January in response to an NHSEI call for evidence. These focused on: (i) A Primary Care Service Model including the need for Prescribed Medication Specialists (ii) A national 24/7 Helpline and Website (iii) An improved Informed Consent process In the following discussion GR suggested it might be worth looking at the already funded role of Physician's Associate to see if it could possibly incorporate some or all of this role – AG to look into.	AG	
5	**Presentation from Dr Keith Ridge & Sura Al-Qassab, NHSE&I** KR/SAQ confirmed their role in co-ordinating the response to all 41 recommendations from the PHE review, and explained the governance structure set up to do this, including the following components: • PHE oversight group, which reports into • The National Quality Board • Advisory Network, consisting of experts and key external stakeholders (including the APPG for PDD) • Internal Expertise Network – a list of internal NHSE&I experts They updated the group on progress around the Commissioning Framework which is currently being drafted following a call for evidence. A public consultation on this framework is planned for the summer. They also advised that patients on dependence forming medicines are a priority group for review and support in the Structured Medication Review Guidance.		

	The DHSC will be attending the next meeting of the Advisory Group on 29th March to discuss current thinking around options for a helpline. They also advised that HEE are scoping some options for training resources on dependence and withdrawal for trainees and qualified health professionals.		
6	**Any other business** The meeting agreed to make contact with the First Do No Harm APPG to explore possible common ground and joint activities.	Sec / DK	
7	**Next meeting - TBA**		

Apologies: Baroness Stroud, Baroness Hollins, Debbie Abrahams MP, Steve Brine MP, Peter Kinderman (Sec), Lucy Powell MP, Olivia Clark (BMA)