



All-Party Parliamentary Group for Prescribed Drug Dependence

Minutes 9th October 2020

Present:

Danny Kruger MP (DK)	Chair	Lord Crisp (NC)	Co-Chair
Baroness Hollins (SH)	Officer	Baroness Stroud (PS)	Officer
Earl of Sandwich (ES)	Officer	Baroness Masham of Ilton	Officer
Debbie Abrahams MP	Officer	Luke Montagu (LM)	Secretariat
James Davies (JD)	Secretariat	Peter Kinderman (PK)	Secretariat
Anne Guy (AG)	Secretariat	Lady Sandwich (CS)	Observer

Guest speakers:

Dr Keith Ridge	Chief Pharmaceutical Officer at NHS England
Gareth Arthur	Director of Strategy and Policy NHS England

Other guests:

George Roycroft	Head of Policy Royal College of Psychiatrists
Olivia Clark	BMA - Policy Advice and Support Officer (Science and Public Health Policy)

Item	Description	Who	By When
1	<p>AGM</p> <p>The following were proposed and elected as officers of the group: Danny Kruger MP (Con) Chair Lord Crisp Co-chair Baroness Hollins Officer Baroness Masham of Ilton Officer Earl of Sandwich Officer Baroness Stroud Officer Debbie Abrahams MP (Lab) Officer Steve Brine MP (Con) Officer Lucy Powell MP (Lab) Officer</p> <p>The mission statement was also re-approved. The secretariat co-ordinator will forward the necessary paperwork for D to re-register the group.</p>	AG/ DK	06/11
2	<p>Updates on APPG activity</p> <p>2.1 NICE guidance LM confirmed that the NICE Committee working on the Safe Prescribing Guideline is progressing and going well.</p> <p>RCPsych Stopping Antidepressants Patient Information Resource LM welcomed GR to the group who updated the meeting about this educational resource which provides patients with information to have informed discussions with prescribers and pharmacists. It</p>		

	<p>has been endorsed by the Royal Pharmaceutical Society and the RCGPs, and now also by NICE. There has been a widely positive response to the document. The RCPsych is very grateful for the support of those who worked on the resource.</p>		
2.2	<p>Guidance for psychological therapists (AG)</p> <p>Following the successful launch of the full “Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs” the project team has planned the following training and dissemination activities:</p> <ul style="list-style-type: none"> • The Guidance is now available for purchase as a hard copy through an arrangement with PCCS publications (being sold at cost) • It is also being translated into Swedish and Japanese • 12th October will see the publication of a “Short guide to what every psychological therapist should know about prescribed psychiatric drugs” • 21st November - a 3-hour CPD Training Event based on the short guide is being organised through one of our organisational partners, the British Association for Counselling and Psychotherapy (BACP), co-branded with the BPS and UKCP. 		
2.3	<p>PHE & National Institute for Health Protection COVID response (PK)</p> <p>PHE is continuing to encourage the public use of services such as ‘Every Mind Matters’. This is based on a normalising (“distress is completely understandable; here’s what you can do”) as opposed to a pathologising, approach. PHE is also continuing to lobby for central ‘dashboard’ monitoring of major social determinants of distress (in the main, linked to economic recession).</p>		
3	<p>Prescribing data and the need for new guidance on gabapentinoids (JD)</p> <p>JD explained why gabapentinoids are a particular concern, due to their current licensing. Their use has tripled in 15 years, with 1.46 million people in England having received at least one prescription in 2017. Gabapentinoids cause dependency and withdrawal, and in 2019 were reclassified and a class-C controlled drug, for their abuse potential.</p> <p>It was proposed that the APPG join senior researchers in calling for NICE to reconsider whether gabapentinoids should be prescribed for anxiety at all, and if so, for no longer than 4 weeks, like benzodiazepines. All agreed that this should be taken forward.</p>	JD	TBA
4	<p>Progress with PHE recommendations (AG)</p> <p>As agreed, members of the Secretariat have progressed the foundation stages of the work described in the Project Charter discussed at the Cross-Party Group Meeting in June. This work is intended to help the NHS England and NHS Improvement (NHSE&I) with the commissioning and implementation of UK-wide prescribed</p>		

<p>4.1</p> <p>4.2</p>	<p>medication support services (UK-PMSS), initially through the provision of:</p> <ul style="list-style-type: none"> ● A design for an integrated end-to-end service architecture comprising local primary care services, a UK helpline and associated website / digital hub ● Options for a phased implementation <p>‘Statement of Patient Needs’</p> <p>Over the summer the Secretariat has facilitated four online workshops to define a comprehensive ‘Statement of Patient Needs’ which would inform the design phase. This document presents the consensus view of representatives from all current dedicated UK services, key patient representatives and Secretariat members including: June Lovell (Manager, Prescribed Medication Support Service North Wales); Jayne Hoyle (Manager, Bristol Tranquilliser Project); Melanie Davis (Manager REST, CGL); Tracey Hogan (Director of Operations, Bridge, Bradford); Beverley Thorpe, Withdrawal counsellor (Scotland); Stevie Lewis (Welsh Government Petitioner and expert by experience); Dr Mark Horowitz (Psychiatrist and researcher, UCL).</p> <p>The secretariat has also:</p> <ul style="list-style-type: none"> ● Summarised eleven currently existing or proposed pilot services by region to help identify potential pilot areas for any proposed new services ● Written to NHSE&I flagging the need to ensure provision of the tools necessary to support withdrawal e.g. availability of tapering strips and looks forward to working with NHSE&I to consider options for implementing PHE’s recommendations. 		
<p>5</p>	<p>Presentation from Dr Keith Ridge & Gareth Arthur, NHSE&I</p> <p>KR/GA talked the group through their approach to work with arms’ length bodies, including NICE, PHE and MHRA to support improvements in the prescribing of dependence-related medicines.</p> <p>The proposed approach includes developing a commissioning framework:</p> <ul style="list-style-type: none"> • To provide support to commissioners with a framework for optimising prescribing of dependence forming medicines, withdrawal services and decision-making. • To encourage improvements to prescribing patterns and behaviours for dependence forming medicines in primary care. <p>Actions are also being taken reduce variation in prescribing and creating incentives for GP practices to make improvements. They also described actions working with arms’ length bodies such as NICE and the MHRA to support improvements.</p> <p>KR updated the group about a report commissioned by the Secretary of State on over prescribing. Polypharmacy is a key issue and has already started to be addressed through the Structured Medication Review process. The work recognises the importance of the patients</p>		

	<p>view, shared decision making and personalised care. There is some evidence of over prescribing and the need for better review of medicines as a whole, not just those which are dependence forming.</p> <p>LM confirmed that the APPG focus has been on a helpline aligned with local withdrawal services. These need to be specified together. The helpline must come with a website including clear authoritative information.</p> <p>LM/AG to liaise with GA and colleagues to develop how joint working might be mutually beneficial.</p> <p>Secretariat to review whether there is one specific ask that could be a quick win, supported by cost research.</p>	<p>LM / AG / GA</p> <p>Sec</p>	<p>Oct / Nov</p> <p>“</p>
6	<p>Next meeting</p> <p>Now arranged for January 7th – agenda to include social prescribing. AG to send out papers.</p>	<p>AG</p>	