



All-Party Parliamentary Group for Prescribed Drug Dependence

Meeting Minutes 6th June 2018

Present:

Oliver Letwin MP (OL)	APPG Chair (incoming)
Lord Patel of Bradford	Co-chair (outgoing)
Earl of Sandwich (ES)	Co-chair
Baroness Masham of Ilton	Co-chair
Luciana Berger MP	Co-chair (incoming)

Luke Montagu (LM)	Secretariat
James Davies (JD)	Secretariat
Anne Guy (AG)	Secretariat (co-ordinator)

Guest speakers

Rosanna O'Connor (RoC)	PHE Director, Alcohol, Drugs & Tobacco
Pete Burkinshaw (PB)	PHE Alcohol & Drug Treatment, Recovery Lead
Fizz Annand (FA)	PHE Programme Manager
Melanie Davis (MD)	REST (Mind in Camden), Manager
Laurence Russell (LR)	BMA, BMA Policy Advice & Support Officer
Peter Kinderman (PK)	Prof Clinical Psychology, Liverpool University

Apologies

Paul Flynn MP	Chair (outgoing), co-chair (incoming)
Norman Lamb MP	Co-chair (incoming)
Harry Shapiro	Secretariat

Item	Description	Who	By When
1	<p>Extraordinary General Meeting</p> <p>The resignations of the current chair, Paul Flynn MP and Lord Patel of Bradford as co-chair were received by the Earl of Sandwich and the deep thanks of the group for their hard work and interest offered.</p> <p>Nominations were then opened for both posts. Sir Oliver Letwin MP was duly nominated and elected as chair, with Luciana Berger MP and Norman Lamb MP nominated and elected as co-chairs, alongside the Earl of Sandwich, Baroness Masham of Ilton and Paul Flynn MP who will remain an officer as a co-chair.</p> <p>AG to register the results of this election within the stipulated 28 days.</p>	AG	04/07
2	<p>PHE Review – update presentation</p> <p>RoC and FA updated the meeting on the progress of the evidence review now underway (see slides).</p>		

<p>2.1</p>	<p>OL queried the period covered by the NHS Business Services Authority (NHSBSA) dataset of dispensing data from community pharmacies now available (as opposed to the Clinical Practice Research Datalink (CPRD) data used for the NATCEN report of just 7%) – PHE confirmed this is 2015-18. Previous analysis of CPRD data will be used to inform the analysis of the broader set allowing some extrapolation of trends, including the identification of prescribing rates by GP practice. OL interested in GPs having access to data.</p> <p>It would also be helpful to see disaggregated data by local authority perhaps reflecting local economic circumstances (PK).</p> <p>PHE confirmed that one legacy of this review would be local data published by the NHS BSA. OL confirmed the Secretary of State is very interested in the transparency of data.</p> <p>If any issues outside of the scope of the current review need further exploration, this will be mentioned in the review report, and there will have to be a separate commission. These can be discussed towards the end of the review.</p>	<p>RoC</p>	<p>Q1 19</p>
<p>2.2</p>	<p>LM fed back on points of note that arose at the first Expert Reference Group meeting held on 30th May re:</p> <ul style="list-style-type: none"> • The importance of a change in language to include the word ‘withdrawal’ alongside ‘discontinuation syndrome’ • LM highlighted the concern at the meeting around potential drug company ties of tender applicants for the Rapid Evidence Assessment (REA), and PHE confirmed that tenderers are being asked to give information on previous funding relationships, but have to keep within PHE procurement guidelines, which ensure fairness. 		
<p>2.3</p>	<p>LM also expressed the deep concern of the community of people who have been harmed by PDD that patient testimony will not be heard by PHE and read out an email from Barry Haslam, a long-term campaigner on this issue who states the opportunity is being missed to hear those stories.</p> <p>PHE’s response to this concern was requested and included the following points:</p> <ul style="list-style-type: none"> • PHE stressed this was not a public inquiry but a review of published evidence and available data. • Published accounts of the services users' experiences would definitely be considered, and this material would be specifically and deliberately focused on in the review. • The strength of the review is in the integrity of the process and rigor, as the output will be under scrutiny – it is the desire to change practice appropriately on the back of it, so needs to be seen to be robust by all stakeholders. • As an evidence review it is not intended to conduct any primary research. • FA advised the definition of ‘grey’ literature for the REA is being interpreted as flexibly as possible, with the academic 		

	<p>partner instructed to be both systematic and inclusive, particularly for patient voice evidence.</p> <ul style="list-style-type: none"> • In terms of the hierarchy of evidence, whilst PHE will not compromise on applying quality criteria to evidence received, patient voice evidence will be assessed as a category in its own right. It is not intended to apply the same criteria as NICE, as this is public health focused review. • Any collations of such evidence published before the call for papers closes will be considered, including any published by the APPG. 'Published' was clarified to mean made publicly available. <p>In the following discussion the idea of a public inquiry style hearing of stories was discussed - PHE advised it was not appropriate or within the scope of this review to include primary testimony.</p> <p>2.4 LM confirmed there were planned to be two APPG reports collating patient voice evidence; one based on an analysis of responses to a survey of patient experiences and one on a systematic analysis of the submissions to the Scottish and Welsh Public Petitions Committees.</p> <p>ES asked whether a summary of existing services that support people with PD withdrawal could be an output of the review as evaluations of these would be included in the review. It was agreed that a list of voluntary bodies should be submitted to the review. FA confirmed PHE won't be compiling a directory - but will be considering descriptions of different models of service, within the review.</p> <p>Any evidence to be submitted would be needed by August.</p> <p>RoC confirmed that GP training might be a recommendation of the review if the data warrants it.</p> <p>Agreed to schedule a next update to the APPG for late October.</p>	AG	
3	<p>REST (Mind in Camden) update was heard from MD.</p> <p>REST appreciate the support provided by the APPG. Mind in Camden produced a paper for the CCG proposing a combined approach to service provision that was not taken up but have been told they will be part of a planning group to shape the new service offering. Currently REST will still close in March 2019.</p> <p>Whilst the CCG has said that all elements of the service will remain but in community settings, currently there is no firm date for a new service proposal and MD does not know what will happen to her own role.</p> <p>The group asked MD to come back in late October to report on progress on the development of the future service offering. OL may seek a further meeting with the CCG if plans are not clear or unlikely to deliver an equivalent service.</p>	MD	Oct 18

4	<p>BMA Update</p> <p>LR provided the background to the roundtable group on PDD that was reconvened in April 2018. At that meeting NICE updated re its commission to create a withdrawal guideline, due to start in spring 2019 that will entail a 3-year process.</p> <p>It was noted that the current plan to run sequentially to the PHE review seems to elongate the timescale unnecessarily & if NICE could mobilise its commission in parallel this might shorten timescales substantially. OL suggested he write to Jeremy Hunt re NICE being out of sync with the PHE review to see if its process could be accelerated. The RCGP might wish to support such a proposal.</p> <p>The BMA has in fact already written to NICE already, LR to send a copy to AG.</p> <p>LR updated on the rest of the roundtable actions, minutes for which have been circulated separately.</p>	OL / LM LR	13/06 08/06
5	<p>APPG Guidance for Therapists project update</p> <p>AG advised that since the last APPG meeting in January:</p> <ul style="list-style-type: none"> • A project Memorandum of Understanding (MoU) has now been signed by BACP, BPS, UKCP & the APPG • The funds needed to create the guidance are now agreed (totaling £15K) and they will be administered by BACP • Work has started to create the guidance by a strong team comprised of psychiatrists, clinical psychologists and leading psychotherapists and counsellors • ES is hosting a Steering Group meeting on 27th June in Millbank to review progress and consider an overall project plan to enable a launch in May 2019 (OL agreed to attend the start of the meeting diary permitting – AG to liaise) • Some of the work being done is already feeding into the PHE review submissions 	ES / AG / OL	08/06
6	<p>APPG Report on Antidepressants</p> <p>JD presented the AD depression report (resulting from a comprehensive literature review) which will form the basis of the APPG's AD submissions to PHE and NICE. The report was researched and written by JD and Prof John Read, concluding that over 50% of AD users experience withdrawal; over 25% for at least 3 months, and with at least 25% denoting their withdrawal experiences as severe. The APPG approved the report for submission to PHE and NICE.</p>	JD	
7	<p>Prof Peter Kinderman</p> <p>PK introduced a briefing paper that will be discussed at the next meeting.</p>	PK	Oct 18
8	<p>AOB</p> <p>The next meeting will be held in late October.</p>	AG	Oct 18