



All-Party Parliamentary Group for Prescribed Drug Dependence

Meeting Minutes 7th February 2019

Present:

Oliver Letwin MP (OL)	APPG Chair
Earl of Sandwich (ES)	Co-chair
Baroness Masham of Ilton	Co-chair (SM)
Lord Crisp (NC)	
Lady Sandwich (CS)	
Luke Montagu (LM)	Secretariat
James Davies (JD)	Secretariat
Anne Guy (AG)	Secretariat (co-ordinator)
Peter Kinderman (PK)	Secretariat
Harry Shapiro (HS)	Secretariat

Guests

Rosanna O'Connor (RoC)	PHE Director, Alcohol, Drugs & Tobacco
Pete Burkinshaw (PB)	PHE Alcohol & Drug Treatment, Recovery Lead
Laurence Russell (LR)	BMA, BMA Policy Advice & Support Officer
George Roycroft (GR)	Head of Policy and Campaigns, RCPsych

Apologies

Paul Flynn MP (PF)	Co-chair	Norman Lamb MP	Co-chair
Luciana Berger MP	Co-chair	Dan Poulter MP	
Yasir Abbasi (YA)	Cons Psychiatrist	Baroness Finlay	

Item	Description	Who	By When
1	APPG discussion LM/JD updated the group on key areas of concern arising from PHE's presentation of the initial results of its review in January including: (i) Data selection for prescription volume analysis (ii) Identifying long-term prescriptions (iii) The impact of the 10 year cut off point for literature inclusion / exclusion.		
2 2.1	PHE presentation PB advised that a detailed plan would shortly be issued by PHE outlining the next steps to refine the analysis of the available prescription data. This plan is being created in consultation with PHE's information governance specialists and includes iterative sensitivity testing. PHE are also talking to NATCEN re long term prescribing over 3 years. SM raised a question re the rate of increase in prescribing, and it was acknowledged that rates for all are going up especially for		

	<p>elderly.</p> <p>RoC advised that one stark finding is the correlation between various measures of deprivation and the prescription of antidepressants. All agreed the importance of the inclusion of social prescribing options in recommendations where warranted and the need to unpack what this means in practice to give GPs alternatives to drugs.</p> <p>2.2 In terms of the literature review, PB advised that whilst there had been an original estimate of 10k papers, in reality a much smaller number qualified for review. The GRADE framework has been applied to assess the quality of evidence being considered and a small amount of additional literature has been included as a result.</p> <p>HS asked for confirmation that opioid data from the US is included, and it is. PB also confirmed that the patient voice is coming through loud and clear re experience in the UK.</p> <p>PHE is now considering how to ensure key items of literature are included in a methodologically rigorous way that also allows the original timeline to be kept to, but this may not be possible.</p> <p>ERG members will be invited to participate on a voluntary basis in two sub-groups of the ERG on:</p> <ul style="list-style-type: none"> a) Data b) Evidence review methodology <p>Both will convene by the end of March with the next whole ERG meeting, currently scheduled for April, probably moving to May.</p> <p>The overall timeline may need to move to reflect changes to the original plan but it is hoped slippage will be minimal.</p> <p>2.3 Peer reviewer selection</p> <p>PB advised PHE aim to use a transparent process to select reviewers for the report by creating a panel to select reviewers from nominations against pre-set criteria. The ERG will have input to the process for selection of this panel.</p> <p>Peer reviewers will be segmented by expertise (e.g. stats, patient experience) and can comment on methodology, findings and recommendations.</p> <p>2.4 Looking ahead: RoC confirmed that in parallel with the review PHE is remaining aware of opportunities to influence the creation of relevant services for supporting prescribed drug dependence, including talking to regional medication optimisation committees.</p> <p>It was noted that the chief pharmacist, Dr Keith Ridge, has also been commissioned by Matt Hancock to look into over prescribing.</p> <p>LR asked when recommendations will be finalised and what role</p>		
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2.5	<p>the ERG will play. RoC/PB confirmed PHE will take soundings from the ERG on recommendations, probably in May.</p> <p>NC queried how far recommendations will take us toward implementation? RoC advised that PHE has an annual 'command letter' which details their remit for the year ahead & she has been trying to ensure something is included in this about implementation of the review.</p> <p>All agreed the need to review to ensure recommendations are having traction. We should arrange to meet in June to discuss how to influence implementation.</p> <p>LM raised NICE withdrawal commission - Paul Chrisp has confirmed that it is the aim for this to build on the PHE review, and PHE & NICE have talked about aligning the pieces of work.</p>		
3.	<p>Update on conversation with RCPsych Members of the secretariat met with Wendy Burn, President of the RCPsych in November and discussed a number of issues.</p> <p>As a result of the meeting WB and GR will be visiting the Bristol and District Tranquiliser Project (BTP) this month.</p> <p>JD is following up with Carmine Pariante, Professor of Biological Psychiatry of Kings College London, re research gaps.</p> <p>GR advised the college is developing its policy on antidepressants and a leaflet on coming off them and intends to involve patient groups in the latter. RCPsych is also considering creating a podcast to promote its new policy position and leaflet to tease out some of the complexity and challenges on this issue.</p> <p>The group invited GR to attend the next meeting to update on progress.</p> <p>It was agreed that the group would like to make contact with the RCGP along similar lines.</p>	<p>JD</p> <p>AG</p> <p>JD / PK</p>	<p>Apr</p> <p>Apr</p>
4.	<p>Any other business</p> <p>4.1 It was noted that the problems of a) prisoners going through abrupt withdrawal from prescribed drugs and b) the availability on-line of such drugs whilst not covered by the PHE review remain real concerns that should be considered following the review. AG to diarise.</p> <p>4.2 'Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs'. This project remains on track and AG will book a meeting to brief OL on the detail in advance of its finalisation and to discuss launch plans.</p> <p>4.3 Next meeting dates: latter half of April and again in June.</p>	<p>AG</p> <p>AG</p> <p>AG</p>	<p>Mar Apr/ Jun</p>