

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 10 March 2020.

PRESENT: Councillors J McTigue (Chair), D P Coupe (Vice-Chair), A Hellaoui, S Hill, D Rooney and M Storey and P Storey

PRESENT AS OBSERVERS: Councillor Wilson

ALSO IN ATTENDANCE: Dr. Janet Walker - Medical Director Tees Valley (Tees Valley CCG)
Alastair Monk - Medicine Optimisation Pharmacist (North East Commissioning Support (NECS))
Dr. John Bye - Clinical Partner (Foundations GP Medical Practice)
Dan Haworth – Consultant Paramedic (North East Ambulance Service (NEAS))
Mark Cotton – Assistant Director of Communications (North East Ambulance Service (NEAS))
Jonathan Bowden – Advanced Practitioner Public Health and Public Protection
Rachel Burns – Advanced Practitioner Public Health and Public Protection
Tom Le Ruez – Preventing Substance Misuse Deaths Co-Ordinator
Caroline Breheny - Democratic Services Officer

APOLOGIES FOR ABSENCE Councillor T Mawston and M Saunders.

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point in the meeting.

1 WELCOME AND EVACUATION PROCEDURE

The Chair welcomed all present to the meeting and advised on the Council's Fire Evacuation Procedure.

2 MINUTES - HEALTH SCRUTINY PANEL - 14 JANUARY 2020

The minutes of the Health Scrutiny Panel meeting held on 14 January 2020 were approved as a correct record.

3 NATIONAL DRUGS REVIEW - EXECUTIVE SUMMARY

The Democratic Services Officer advised that the first phase of the national review of drugs, as undertaken by Dame Carol Black was published on 27 February 2020. The Executive Summary of the document had been included on the agenda, as the report highlighted many pertinent issues being considered as part of the panel's current review on the topic of Opioid Dependency.

AGREED that the findings of the report be referenced in the panel's Final Report on the topic of Opioid Dependency.

4 REDUCING OPIOID DEPENDENCY - FURTHER INFORMATION

Representatives from the North East Ambulance Service (NEAS) and South Tees CCG were in attendance to present information to the panel in respect of its current review topic. The Consultant Paramedic advised that NEAS had seen an increase in the number of overdose cases attended in the TS1-8 postcode areas over the last three years; with 2019 being the last full year of data available. In 2017 the number of overdose cases attended was 982 and this had risen to 1757 in 2019.

It was worth highlighted that the term overdose was a very wide definition and may include both accidental and unintentional overdose of both prescription and illicit drugs. In terms of identifying patients who had probably taken an overdose of an opioid based drug, the use of

Naloxone is more accurate measure.

It was noted that NEAS had documented 778 cases where Naloxone had been administered to a patient between January 2017 and the present day, with a significant increase (38 per cent) in usage between 2018-2019. This accounted for approximately 1 per cent of all face to face ambulance encounters in the same area. During this time period the indications for the administration of Naloxone Hydrochloride had not changed and therefore it was reasonable to assume that the NEAS was seeing more cases of opioid toxicity. However, the figures in Middlesbrough broadly aligned with similar increases in the use of Naloxone throughout the North East and there was nothing to suggest in the data that Middlesbrough was a significant outlier.

The Consultant Paramedic advised that there did appear to be some seasonal variation in the number of cases, with the summer months seeing greater numbers of cases than winter. However, with only 3 years' worth of data it was not a large enough sample to draw definitive conclusions.

The panel was informed that the TS1 and TS3 postcodes had the highest usage of Naloxone in the Middlesbrough area. It was also advised that whilst NEAS did not hold data on hospital admissions, this increased activity had certainly resulted in more patients transported to hospital for overdoses, opioid and none opioid related. The panel heard that demographic information held by the NEAS was limited but that the majority of patients who received Naloxone Hydrochloride were men and the largest age bracket was for those aged 31-40.

It was advised that there were two areas of practice from other parts of the world that were worthy of bringing to the attention of the committee:

1. Information sharing between ambulance services and other public health bodies.

- In some communities, Ambulance services regularly shared data with public health and law enforcement agencies to help community partners better understand when unexpected peaks were occurring and put plans in place to address them. This required information sharing agreements and support from NHS commissioning colleagues but could provide a very useful early warning when a potentially fatal batch of drugs were in circulation.

2. Within the US many law enforcement agencies had issued their officers with Naloxone kits, in order to provide immediate treatment model to patients.

- This was being adopted by some police forces elsewhere in the UK. It was stated that NEAS had no view on this, it was more for information for the committee.

The panel was advised that South Tees CCG was mindful of the current issues in relation to both high levels of opioid medication prescribing and the high levels of drug related deaths in Middlesbrough, as well as the Tees area in general. The CCG had been engaging actively with local authority partners, in particular the Tees Preventing Drug Related Deaths Co-ordinator; the pain clinic at James Cook Hospital, in particular Professor Eldabe and his team; and local GP practices, in order to raise awareness amongst all clinicians of high levels of opioid prescribing in Tees.

In addition the CCG Medicines Optimisation practice team had been working with GP practices to assist in the identification of patients on particularly high doses of opioid medication. It was noted that there was a wide variation in both volume and cost of opioid prescribing by GP practices throughout Middlesbrough, but in both cases, the overall trend was decreasing. However, it was acknowledged that Middlesbrough practices were still prescribing at more than double the volume of opioid medication when compared with national average.

During 19/20 and continuing into 20/21, the CCG is focusing on how we can assist GP practices to reduce inappropriate prescribing of high dose opioid medication to our population.

It was noted that STCCG had been working closely with South Tees Hospital NHS Foundation Trust (STHFT) to highlight current high levels of opioid prescribing in primary care. As a result the Trust was working to both limit the number of patients commencing opioid therapy, but also assisting patients who needed to reduce their doses of opioid medication.

It was explained that there was a dedicated opioid reduction clinic in the Trust, operating as part of Prof Eldabe's team, where a specialist Pharmacist is were able to consult with patients referred by GP practices.

In addition, work had progressed on an opioid specific discharge protocol in order to limit the amount of opioid medication being given to patients on discharge from James Cook University Hospital. Clearer advice was included for patients in order to ensure they did not ask for further medication, unnecessarily, from their GP.

It was highlighted that other CCG led initiatives included:

- The CCG medicines optimisation team were assisting practices in identifying high dose opioid patients and highlighting these patients to prescribers. GPs were then able to initiate reduction programmes in appropriate patients, ideally using a structured reduction programme of gradually decreasing doses. More complex patients were able to be referred to the Trust clinic

- South Tees CCG was taking part in the CROP (Campaign to Reduce Opioid Prescribing) initiative. This initiative was being co-ordinated by the Academic Health Science Network (AHSN), on behalf of all CCGs in the North East & North Cumbria. The initiative consisted of specific practice information being sent to practices every 2 months, commencing in April 2020. The report contained:-

- details of practice opioid prescribing
- where the practice featured compared to all practices
- age and gender information related to opioid prescribing
- national resource's to assist prescribers in reducing the prescribing of opioid medication

Finally it was noted that more patient focused work would be occurring in 2020/21, when pharmacist led community opioid/gabapentinoid reduction clinics would be established, operating at Primary Care Network (PCN) level. The CCG was currently funding a pilot, which involved the education of 5 Pharmacists to deliver a series of structured patient level opioid reduction interventions in a primary care setting. The panel was pleased to hear about the initiatives currently being undertaken and looked forward to hearing more about how these initiatives progressed in the future.

The Chair thanked the invitees for their informative presentation.

AGREED that the information presented be noted and referenced within the panel's final report on the topic of Opioid Dependency.

5 OVERVIEW AND SCRUTINY BOARD - UPDATE

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting held on 13 February 2020.