



## Beyond Pills All-Party Parliamentary Group

Minutes 5<sup>th</sup> December 2023, Room 2A HoL, 4.30-5.45pm

<b>Parliamentarians Present:</b>	Danny Kruger MP (Chair)	Lord Crisp (NC)
	Earl of Sandwich (JM)	Baroness Hollins (SH)
	Baroness Meyer (CM)	Baroness Bull
<b>Secretariat:</b>	Luke Montagu (LM)	Dr James Davies (JD)
	Anne Guy (AG)	
<b>Guest speakers:</b>		
Dr Michael Dixon MBE	Chair of the College of Medicine, GP, former Co-Chair of the National Social Prescribing Network (MD)	
Dr James Davies	Associate Professor of Medical Anthropology and Psychology at the University of Roehampton	

An invited panel and audience were also present.

Item	Description	Who	By When
1	<p><b>AGM</b></p> <p><b>1.1 Change of name and mission</b></p> <p>DK proposed that the group previously known as the APPG for Prescribed Drug Dependence will change its name to become the Beyond Pills APPG. This proposal cements an important link with the College of Medicine's Beyond Pills Campaign, creating a group representing all those involved in a much-needed integrated approach to move beyond pills.</p> <p>In approving this evolution, the group acknowledged all that the APPG for Prescribed Drug Dependence has achieved in the last eight years. John Sandwich was thanked for his role in setting the group up in 2015.</p> <p>The mission for the new APPG is:</p> <p><i>To move UK healthcare beyond an over-reliance on pills by combining social prescribing, lifestyle medicine, psychosocial interventions and safe deprescribing. As well as reducing unnecessary and inappropriate prescribing, this integrated approach will improve outcomes and reduce health inequalities.</i></p> <p><b>1.2 Election of officers</b></p> <p>Under the new APPG rules only 4 officers are now permitted, so</p> <ul style="list-style-type: none"><li>• Baroness Hollins      Earl of Sandwich</li><li>• Baroness Stroud      Baroness Meyer</li></ul>		

	<p>will be standing down, and they were thanked for their previous service in that capacity. They will remain members of the group.</p> <p>DK expressed the group's sadness at the loss of Sue Masham (Baroness Masham of Ilton) and gratitude for her many years' service as an officer and supporter of the group.</p> <p>It was proposed that the four officers for the new group will be</p> <ul style="list-style-type: none"> <li>(i) Danny Kruger MP (Con) be re-elected as chair and registered contact</li> <li>(ii) Lord Crisp (Crossbench) be re-elected as co-chair</li> <li>(iii) Steve Brine MP (Con)</li> <li>(iv) Lord Hunt of Kings-Heath (Philip Hunt) (Lab)</li> </ul> <p>The parliamentarians present indicated their agreement with this proposal. The secretariat coordinator was requested to register the outcome of this election within 28 days.</p> <p>The AGM was closed.</p>	AG	By 02/01
2	<p><b>Beyond Pills APPG Meeting</b></p> <p>The main meeting was opened by DK and invited guests welcomed.</p> <p>The guest speakers were:</p> <p>Dr Michael Dixon MBE, who spoke about the background to the BP campaign, the National Overprescribing Review report and the need for an integrated approach within medicine.</p> <p>"Our popular biomedical culture and its underlying message of 'a pill for every ill' needs to change. We must start looking first at an integrated approach with options including social prescribing, lifestyle medicine and psychosocial interventions. These have been shown to offer better and more long-term benefits without side effects, causing dependence or increasing NHS drug costs."</p> <p>Dr James Davies outlined the case for a reversal of antidepressant prescribing. His talk included a 5-minute film montage; The Voice of the Patient (provided by the Lived and professional Experience Advisory Panel for Prescribed Drug Dependence).</p> <p>"As a first step to advancing change, APPG members and experts have today published a piece in the British Medical Journal*, making an evidence-based call to reduce antidepressant prescribing and setting out how this can be done. In this call we align with the World Health Organisation, which only last month published its new depression guidelines. These guidelines, for the first time, demote antidepressants as a first line treatment for depression, to a subsidiary treatment, and put instead social and</p>		

	<p>psychological provision first. They are calling for us to move beyond pills. We urge you all to help make that move happen.”</p> <p>*BMJ 2023;383:p2730</p>		
3	<p><b>Panel discussion hosted by Nigel Crisp</b></p> <p>Four additional external guests were welcomed to the panel:</p> <p><b>Prof Tony Avery (TA):</b> National Clinical Director for Prescribing, a GP in Nottingham and Professor of Primary Health Care at the University of Nottingham.</p> <p>Highlighted the existing work underway to reduce prescribing for opioids, z-drugs and benzodiazepines.</p> <p><b>Dr Laura Marshall-Andrews (LMA):</b> NHS doctor, Author of 'What Seems to Be the Problem' &amp; College of Medicine Council Member</p> <p>Described the turnaround of her practice in Brighton and expansion into social prescribing and some of the difficulties experienced when trying to support patients to withdraw slowly, particularly in prescribing liquid versions of drugs.</p> <p><b>Dr Mark Horowitz (MH):</b> Trainee psychiatrist and Co-lead clinician, Psychotropic Drug Deprescribing Clinic and Clinical Research Fellow in Psychiatry (North-East London NHS Foundation Trust) and Honorary Research Fellow (University College London).</p> <p>Emphasised the importance of support for people in withdrawal and to move to safer deprescribing programmes. A national helpline could enable both and collect data.</p> <p>More research is needed into the long-term outcomes for drugs.</p> <p><b>Dr Bogdan Chiva Giurca (BCG):</b> Royal Surrey County Hospital and College of Medicine Council member; founder NHS Social Prescribing Champion Scheme</p> <p>Described how social prescribing has become more widely included in training for new doctors following pressure by trainees.</p> <p><b>Key discussion themes and actions to advance the aim of reducing inappropriate prescribing of antidepressants.</b></p> <p>Training of prescribers: deprescribing knowledge will need to be included in medical school curricula as social prescribing now is. SH explained that any new medical school must use an existing curriculum for 5 years. BCG to call on attendees for any support needed.</p>	BCG	

	<p>Sian Brand: Public health education is needed along similar lines to antibiotic campaigns – is a national approach possible?</p> <p>Sam Everington flagged a potential threat to funding for the social prescribing link worker role in the GP contract remaining ring-fenced – it is vital this is ring-fenced.</p> <p>Training is also needed in schools, but there is a gap between the DoE and NHS in understanding psychosocial causes of distress &amp; role of social prescribing.</p> <p>Peter Kinderman: How can clinicians be encouraged in innovative practice rather than criticised? Leadership is needed from the centre.</p> <p>William Bird: Importance of building community resources to reduce need for access to healthcare system and increase options for social prescribing.</p> <p>Norman Lamb: Is there any evidence that a corner has been turned on prescribing rates as figures seem to show otherwise. Mentioned a trial in Lewisham for a new model for mental health support based on the Trieste system.</p> <p>John Read: Reinforced fact that a corner has not yet been turned as evidenced globally in prescribing rates. Emphasised need for a national helpline to gather data on the scale of the problem.</p>		
4	<p><b>Conclusions</b></p> <p>DK summarised the key areas for action to reduce inappropriate prescribing of antidepressants as:</p> <ul style="list-style-type: none"> <li>(i) Supporting ring-fenced funding for social prescribing link workers in the GP contract</li> <li>(ii) Securing funding for a national helpline and website to support people to withdraw from prescribed drugs</li> <li>(iii) Improving education for prescribers and the public recognising the role of the platform of government to proclaim the necessity of making these changes. The secretariat will be in contact with relevant attendees to progress these actions.</li> </ul>	Sec	