

BHR CCGS AREA PRESCRIBING SUB-COMMITTEES

Tuesday 21st July 2020

At 12.30 via MS Teams

Members:

Dr G Kalkat (GK)	Chair, GP, Clinical Director Prescribing Lead, Barking & Dagenham (B&D) Clinical Commissioning Group (CCG)
Sanjay Patel (SP)	Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs
Belinda Krishek (BK)	Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs
Dr Syed Raza (SR)	GP, Clinical Director Prescribing Lead, Redbridge CCG
Dr A Tran (AT)	GP, Clinical Director Prescribing Lead, Havering CCG
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT)
Satvinder Bahra (SB)	Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT)
Dr Tina Teotia	GP, Barking, Dagenham and Havering Local Medical Committee (LMC)
Vicki Kong (VK)	QIPP Programme Pharmacist, BHR CCGs
Mohamed Kanji (MK)	Prescribing Advisor (Havering), BHR CCGs
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR CCGs
Taruna Patel (TP)	Prescribing Advisor (Havering/Redbridge), BHR CCGs
Denise Baker (DB)	Business Manager, BHR CCGs

In Attendance:

Dr Louise Daniels	Consultant Rheumatologist and Clinical Lead for Rheumatology, BHRUT
Jennifer Jacyna	Head Office Pharmacist, DMC Healthcare Limited

Apologies:

Vikki Kamm (VKA)	Patient representative
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR CCGs
Kam Takhar (KT)	Deputy Chief Pharmacist CHS, NELFT
Sarla Drayan (SD)	Chief Pharmacist, BHRUT
Faisal Chowdhury (FC)	Pharmacy Integration Lead, North East London Local Pharmaceutical Committee (NELLPC)

Item		Action
52.1	Welcome, introductions and apologies	
	A list of apologies was received as shown above and introductions were provided.	
52.2	Declarations of conflicts of interest	
	The Chair of the meeting reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the BHR clinical commissioning groups.	MMT - To forward declarations to all non-CCG members of the APC for completion

	<p>BHRUT Pharmacist, although not in attendance, had forwarded an updated declaration. Deputy Chief Pharmacist, Barking & Dagenham, Havering advised that all non-CCG APC members would be requested to complete their annual declaration to the committee.</p> <p>Declarations declared by members of the committee are listed in the CCGs' Register of Interests. The Register is available either via the secretary to the committee or the CCG website at the following links:</p> <p>http://www.barkingdagenhamccg.nhs.uk/About-us/Our-governing-body/register-of-interests.htm http://www.haveringccg.nhs.uk/About-us/Our-governing-body/register-of-interests.htm http://www.redbridgeccg.nhs.uk/About-us/Our-governing-body/register-of-interests.htm</p>	
52.3	Minutes of the last meeting	
	<p>The minutes of the previous meeting (January 2020) were agreed subject to amendment.</p> <p>The redacted minutes for the November 2019 meeting were agreed subject to amendment.</p>	<p>MMT</p> <ul style="list-style-type: none"> - January 2020 minutes, page 4, to correct the spelling of 'Metaclopramide' - November 2019 minutes, page7, to correct the spelling of 'ScriptSwitch'
52.4	Matters/Actions arising	
	<p>Implementing recommendations from NHSE based on their national consultation on Low Value Medicines (LVM) – adoption of NHSE recommendations locally (48.6) Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT) confirmed that patients would be informed of the NHSE recommendations regarding the prescribing of Amiodarone in primary care. Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT) also advised that once daily tadalafil was not on the BHRUT formulary. Actions complete.</p> <p>Flash glucose monitoring: Implementation for NHS England guidance and positions statement for GPs for people with Type 1 diabetes (48.14) The committee were advised that the blueteq forms were awaited and would be circulated as a future APC agenda item.</p> <p>Specials Guide Monographs (50.6) It was confirmed to the committee that the monographs had been uploaded to the BHR website and the necessary ScriptSwitch messages added to the system. Action complete.</p> <p>ScriptSwitch message review: January 2020 Actions complete.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To submit the blueteq forms for APC approval once available

<p>Protocol to review the prescribing of Dosulepin (50.9) / Protocol to review the prescribing of Trimipramine (50.10) QIPP Programme Pharmacist, BHR CCGs advised that the protocols 'exclusion' criteria had been amended, except for the reference to depression. It was confirmed that a system search to highlight the clinical indication of Dosulepin/ Trimipramine patients was not a possibility. QIPP Programme Pharmacist, BHR CCGs had also contacted a BHRUT pain consultant specialist, regarding the protocol and he had requested that patients receiving dosulepin/trimipramine for pain indications, should not have their medication changed. With regards to support/guidance being offered to GPs by the NELFT Access and Assessment Team, QIPP Programme Pharmacist, BHR CCGs had contacted NELFT Pharmacist and a response was awaited. Updated protocols were to be submitted for the September APC meeting.</p> <p>Protocols to review the prescribing of stoma products (50.11) The committee was advised that it was not possible for patients to use the 'Choose and Book' system to access appointments or self- refer directly to the stoma nurses. Amendments to Appendix 3 of the protocol had been completed. Actions complete.</p> <p>DOAC follow up and monitoring checklist in AF/VTE patients in primary care (50.12) Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs advised that since the discussion at the APC, there has been contact with the primary care team and an email had been circulated to BHR GP practices advising against the use of the EMIS calculation for DOAC initiations; an article had also been included in the MMT newsletter. A revised document was expected for consideration at the September APC meeting.</p> <p>Lithium Shared Care Guideline (50.13) All amendments had been made to the shared care guideline as requested. Actions complete.</p> <p>Shared Care concern - The committee's concerns regarding shared care across BHR had been raised with the Primary Care Team and the communications were included with the agenda for information. GP, Clinical Director Prescribing Lead, Havering CCG was keen to establish a timeline for discussions on shared care and Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs advised that a Task & Finish Group to discuss this in more detail was being developed. Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs agreed to establish the progress of the group.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To chase for a response regarding support being provided by the NELFT Access and Assessment Team - To submit amended protocols for consideration at the September APC meeting <p>BHRuT</p> <ul style="list-style-type: none"> - To submit a revised document for consideration at a future APC meeting <p>MMT</p> <ul style="list-style-type: none"> - To establish the progress of the Task & Finish Group <p>MMT</p> <ul style="list-style-type: none"> - To ensure that the six- month data relating to foam dressing usage is submitted by Accelerate CIC for consideration at the September APC meeting
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	<p>Follow up report on transparency in regard to selection and implementation of an online prescribing system (50.14) Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs had liaised with Accelerate CIC, regarding the provision of six- month prescribing data and requested that this was submitted for discussion at the September APC meeting. A response was awaited.</p> <p>Amendments to NELFT Wound Care Formulary 2019 (50.15) The formulary had been amended and uploaded to the BHR website. Action complete.</p> <p>RMOC: Oral Vitamin B supplementation in alcoholism November 2019 (50.17a) The position statement had been added to the BHR website. Action complete.</p> <p>RMOC: Shared Care Guidance: A Standard Approach (50.17b) Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs had responded outlining the APC comments that had been received. Action closed.</p> <p>Service Specification to assess and supply antivirals for patient suffering from influenza in the community setting (50.18) No comments had been received. Action complete.</p>	
	COVID-19 AGENDA ITEMS	
52.5	Chairman's Action	
	<p>The following documents had received approval via Chairman's action and were circulated for information:</p> <ol style="list-style-type: none"> Oxygen Therapy during Covid-19 (London Respiratory Network) B12 Covid-19 Guideline (BHR CCGs) 	
52.6	Disease Modifying Anti-Rheumatic Drugs (DMARDs) Guidance (BHR CCGs)	
	<p>QIPP Programme Pharmacist, BHR CCGs presented two papers to the committee providing guidance on the managing of DMARDs during Covid-19 for patients with inflammatory dermatosis and inflammatory rheumatological conditions. The committee were advised that both documents had been produced in collaboration with BHRUT dermatologists and rheumatologists respectively, and had been adapted from the Barts Health High Risk Drug monitoring during Covid-19 document.</p> <p>Concern was raised that delaying monitoring schedules by a timespan of a month may not be sufficient due to the current service level for blood testing which was limited, with availability lower than normal. However, the committee were informed that the NELFT blood test online system was now in place which provided an extended service provision within the community setting. Concerns were raised regarding confusion that may be caused by the change to monitoring schedules in these documents from those provided in</p>	<p>MMT</p> <ul style="list-style-type: none"> - To add an article in the MMT Newsletter regarding the agreed change to the monitoring schedules and include clarity regarding the monitoring information that will be in the DMARDs shared care guideline which will differ - To forward comms to BHR GPs directly advising of the agreed changes to monitoring schedules and provide clarity around the information that will be provided in the DMARDs shared care guideline which will differ - To review both documents at the end of October 2020

	<p>the DMARDs shared care and how BHR GP practices would be informed of this temporary change. It was agreed that an article would be included in the MMT newsletter and a communication to all BHR GP practices would be prepared which would provide the necessary clarity.</p> <p>The committee agreed that the guidance for both conditions was suitable for patients at the present time during the pandemic. Both documents were approved with the understanding that a review of each guidance would be undertaken at the end of October 2020.</p> <p>Approved.</p>	
52.7	Covid-19 impact on primary care prescribing data (BHR CCGs)	
	<p>Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs summarised information regarding the initial impact of primary care prescribing that had occurred due to Covid-19. It was highlighted that the total antimicrobial prescribing had decreased during the pandemic although the % of broad-spectrum prescribing had increased. The committee were keen for this data to be shared with BHR GPs and it was agreed that an article would be included in the MMT newsletter.</p> <p>The data also showed an increased uptake in electronic Repeat Dispensing (eRD) and it was acknowledged that the Medicines Management Team (MMT) had been supporting BHR practices with increasing their eRD during the pandemic.</p> <p>It was agreed that prescribing trends would continue to be monitored with an update to be provided to the committee at the September APC meeting.</p> <p>Noted.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To share the primary care prescribing data in the MMT newsletter - To continue to monitor prescribing during the pandemic and to provide updated data to the committee at the September APC meeting
52.8	eRD patient consent and implementation (BHR CCGs)	
	<p>Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs reiterated that the MMT had been actively supporting BHR GP practices with NHSE's request to increase eRD. There had been an initial concern regarding patient consent however this requirement had been lifted. Subsequently patient consent exemptions for eRD ended on 30th June 2020, and eRD requirements back to normal. Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs explained that going forward the MMT would be exploring joint working with the North East London Local Pharmaceutical Committee (NELLPC) and Primary Care Networks (PCNs) to further increase the uptake of eRD.</p> <p>Noted.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To liaise with NELLPC and PCNs regarding increasing the level of eRD across BHR

<p>52.9</p>	<p>BHR Care Homes update (BHR CCGs)</p> <p>Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs advised that members of the MMT had been deployed along with PCN pharmacists to support care homes with patient reviews during the pandemic. The new PCN Designated Enhanced Service (DES) formally commissions PCNs to deliver this work from October 2020 onwards. An interim STP PCN DES has been commissioned to bridge the gap until October 2020. The schemes cover all CQC registered homes including both nursing and residential care homes. The pharmacy support going into homes included:</p> <ul style="list-style-type: none"> • facilitating medication supply to care homes, including end of life medication • delivering structured medication reviews – via video or telephone consultation where appropriate • supporting reviews of new residents or those recently discharged from hospital • supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system (eg through medicines ordering). <p>BHRUT were supporting PCN/CCG pharmacists through earlier identification of patients that have been discharged to care homes. NELFT were also supporting with discharge reviews and also provision of specialist mental health and learning disability pharmacist reviews.</p> <p>Noted.</p>	
<p>52.10</p>	<p>Updated Palliative Care Quick Reference Guide (NELFT)</p> <p>Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) presented the updated guide to the committee which had been revised to include information relating to the Covid-19 pandemic and provided relevant contact details. It was highlighted by Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs that a number of community pharmacies across BHR had been formally commissioned to provide access to End of Life Care (EoLC) medications including 'out of hours' access; this information was also included in the guide. It was requested that Levomepromazine be repositioned in the pathway on page 7 of the document and this was agreed.</p> <p>Approved subject to amendment.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - To reposition Levomepromazine in the pathway on page 7 of the document

BUSINESS AS USUAL (BAU) AGENDA ITEMS		
52.11	Chairman's Action	
	<p>The following documents had received approval via Chairman's action and were circulated for information:</p> <ul style="list-style-type: none"> a) Commissioning of Insulin pump therapies for patient with type 1 diabetes (BHR CCGs) b) North East London Primary and Secondary Care Collaborative Hospital Only List and Joint Prescribing List c) Specials Guide Mongraphs (BHR CCGs) Anastrozole/ Ticagrelor/ Rosuvastatin/ saxagliptin/ Dapagliflozin/ Quetiapine/ Sertraline/ Levothyroxine/ Citalopram/ Escitalopram/ Fluoxetine/ Mirtazpine/ Venlafaxine/ Memantine/ Riboflavin/ Cyanocobalamin d) Update to Sharps Disposal Patient Information Leaflet (PIL) and the Guidance for Prescribing of Disposable Needles (BHR CCGs) e) Emollients Guidance and Summary update (BHR CCGs) (two updates) 	
52.12	BHR Health System Quality & Performance Committee Terms of Reference	
	<p>Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs updated the committee that the Quality and Performance Committee had shared their updated Terms of Reference (TOR). It was noted that the name of this committee had been updated to the BHR Health System Quality and Performance Committee which is to be known as the BHR Joint Quality and Performance Committee. Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs recommended that the reporting section of the BHR CCGs APC TOR are updated to reflect this change of name.</p> <p>Noted.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To update the APC TOR to reflect the change
52.13	Guidance on use of Efudix in primary care/ shared care with consultant dermatologist (DMC Healthcare)	
	<p>Head Office Pharmacist at DMC was welcomed to the meeting and presented the above guidance which had been updated to enable Efudix to be initiated and prescribed for the treatment of Actinic Keratoses (AK) in primary care by GPs.</p> <p>Several concerns were raised and amendments to the document were requested. It was also requested that the shared care information be transferred to the APC shared care template when re-submitted for consideration at the September APC meeting.</p> <p>Not approved.</p>	<p>DMC</p> <ul style="list-style-type: none"> - To transfer the document to the APC shared care template - To ensure pages numbers are included - Page 1, last paragraph - to clarify that GP were to advise DMC of all risk issues via the email address, DMC would add to the DATIX reporting system as needed - Page 2, <ul style="list-style-type: none"> ❖ to remove bullet point 4 of GP responsibilities as DMC to provide patient information leaflets

		<ul style="list-style-type: none"> ❖ Too add an email address to bullet point nine of GP responsibilities and bullet point five of Dermatologist responsibilities enabling GP and consultant communication - Page 4, <ul style="list-style-type: none"> ❖ Patient details box, patient NHS number to be quoted not hospital number ❖ Consultant details box, to include consultant email address ❖ GP details box, to include Practice name and email address - Page 5, <ul style="list-style-type: none"> ❖ To clarify and reference the ‘total area’ referred to in Dose, bullet point two ❖ To clarify what happens following the duration period should the patient have further symptoms ❖ To clarify further regarding contraception counselling for patients and confirm responsibility is with DMC upon initiation of prescribing
52.14	DMARDs Shared Care Guidance in rheumatic diseases (BHRUT)	
	<p>Consultant Rheumatologist and Clinical Lead for Rheumatology, BHRUT was welcomed to the meeting and presented the updated DMARDs shared care guidance for the treatment of autoimmune rheumatic diseases in adults. The document had been revised in line with the new British Society for Rheumatology (BSR) guidelines for DMARDs monitoring. The new guidance which supported the use of numerous DMARDs enabled advice to be provided in one guideline, simplifying the process. It was explained that this did not currently include DMARDs for the treatment of gastroenterology, urology or respiratory conditions. However, it was anticipated that once this shared care guideline had been approved, colleagues in the other areas would be liaised with and guidance relating to the other conditions could be included.</p> <p>GP, Clinical Director Prescribing Lead, Havering CCG reiterated his concern regarding the level of shared care being requested in primary care. Consultant Rheumatologist and Clinical Lead for Rheumatology, BHRUT explained that if GPs refused to accept shared care monitoring, patients would return to secondary care. Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT) requested that should a GP refuse to agree to shared care could the reason whether it be due to costs, capacity etc be provided in the communication back to the Trust. The committee were also advised that Eclipse Live, a risk stratification tool, would soon be available within BHR GP practice</p>	<p>BHRUT</p> <ul style="list-style-type: none"> - To add page numbers throughout - Page2, <ul style="list-style-type: none"> ❖ To add the indication for the patient ❖ To include a practice stamp box - Pages 7/8, Hydroxychloroquine, to check that information in the ‘Ongoing monitoring to be undertaken...’ column was the most up to date information and ensure that this was recorded on the following page in bullet point 2 ‘Eye Checks’ - Page 17, Communication and Support, to include the department email <p>MMT</p> <ul style="list-style-type: none"> - To review the Methotrexate and existing DMARDs shared care guideline currently on the CCG website an amend/remove in line with the new DMARDS shared care guidance

	<p>systems which would identify patients requiring monitoring. However, it was to be noted that both primary and secondary clinicians were keen for a shared care service to be commissioned.</p> <p>A few amendments were requested to the document. Consultant Rheumatologist and Clinical Lead for Rheumatology, BHRUT advised that a rheumatologist pharmacist was now in a permanent post to support and respond to communications from GP practices.</p> <p>Approved subject to amendments.</p>	
52.15	Medication Authorisation and Administration Record (MAAR) Charts	
	<p>a) Pan London End of Life Care (EOLC) Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) advised that the above forms had been produced and approved by NHSE and would be available for use by BHR GP practices. Training would be provided to accompany their use and comms advising of both the forms and the training would shortly be circulated to all BHR practices. NEL/BHR EOLC and primary care groups would be responsible for disseminating out the new forms to general practice. Work was being undertaken to have the forms available in a readily useable format for GP clinical system. It was anticipated that there would be a short period of time where the new forms and old forms would be in use. MMT would host the new forms and the training webinar recording on the CCG website</p> <p>Approved.</p> <p>b) NELFT Direction to Administer Insulin/Medication Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) advised that the above forms would be available on EMIS however, there was to be a delay in their rollout in an aim to minimise any confusion regarding MAAR charts; the EOLC forms would be circulated first. It was anticipated that these NELFT forms would be available for use mid-August with comms being circulated at this time to support them. Roll out of these forms was to be led by MMT, who will discuss the comms strategy with the CCG primary care and Comms team. An issue regarding the allergy box and information being rolled over to the following page was highlighted and this was to be addressed on the form.</p> <p>Approved subject to amendments.</p> <p>c) Electronic Signatures for MAAR charts and direction to administer forms within NELFT</p>	<p>NELFT</p> <p>a) Pan London End of Life Care (EOLC)</p> <ul style="list-style-type: none"> - MMT to host the new forms and the training webinar recording on the CCG website <p>b) NELFT Direction to Administer Insulin/Medication</p> <ul style="list-style-type: none"> - MMT/NELFT To address the issue arising from the completion of the allergy box in the current form - MMT to discuss with the communications/roll out strategy with CCG primary care and comms teams <p>c) Electronic Signatures for MAAR charts and direction to administer forms within NELFT</p>

	<p>Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) explained that currently the pan London MAAR chart policy allowed for electronic signatures in exceptional circumstances only and therefore the request was being made for this to be extended to all circumstances under a strict criteria; removing the need to print, sign and scan back in before sending to NELFT nursing teams. It was highlighted that both Pan London and SPS approved of electronic signatures.</p> <p>It was agreed that Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) would forward a communication informing that only nhs.net email addresses were to be used for sending and receiving forms. It was understood that this new process would enable an audit trail. MMT to include electronic signature information/requirements with the comms planned for disseminating the forms.</p> <p>Approved.</p>	<ul style="list-style-type: none"> - Lead Pharmacist for Community Health Services North East London Foundation Trust (NELFT) to forward a communication requesting that only nhs.net email accounts are used for the submission and processing of electronically signed forms - MMT to include electronic signature information/requirements with the comms planned for disseminating the forms
52.16	ScriptSwitch message review: May 2020 (BHR CCGs)	
	<p>QIPP Programme Pharmacist, BHR CCGs presented the three messages that the committee were requested to consider and following discussion they were approved for addition to the ScriptSwitch system.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To add the approved messages to ScriptSwitch
52.17	Update on guidance for Erectile Dysfunction (BHR CCGs)	
	<p>QIPP Programme Pharmacist, BHR CCGs presented that above guidance and highlighted the recommendations to the committee. GP, Clinical Director Prescribing Lead, Havering CCG raised a concern that patients who are switched from daily to weekly tadalafil may mistakenly take the weekly dose on a daily basis. Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs advised that an active switch from daily to weekly tadalafil was not currently taking place but when the workstream involving such a switch was to occur, a protocol would be produced and the necessary comms submitted to a future APC for approval.</p> <p>This was approved with an amendment requested to the summary box of the guidance.</p> <p>Approved subject to amendment.</p>	<p>MMT</p> <ul style="list-style-type: none"> - Summary box, <ul style="list-style-type: none"> ❖ Bullet point two, to remove 'tadalafil' from the wording ❖ Bullet point three, to add the following wording 'Prescribing of generic tadalafil (10mg/20mg) and' other drugs

52.18	Medicines and Healthcare products Regulatory Agency (MHRA) Dru Safety Updates	
	<p>The monthly MHRA newsletters from February to June 2020 had been circulated. Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs confirmed work that had been undertaken to support some areas of advice that had been highlighted in the safety updates.</p> <p>Noted.</p>	
52.19	Regional Medicines Optimisation Committee (RMOC)	
	<p>a) Free of Charge (FOC) medicines schemes Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT) advised that the checklist will be implemented by BHRuT for any new FOC schemes being considered.</p> <p>b) Standard Principles for Medicines Prior Approval Forms The committee were advised that a joint BHRuT/ BHRCCGs post was being recruited to which would support the development, adoption and use of blueteq forms.</p> <p>c) Sequential Use of Biologic Medicines Both providers and commissioners acknowledged that this would be a consideration when reviewing pathways involving biologics.</p>	
50.18	Any other business	
	<p>Sharps boxes – The question was raised as to whether patients were prescribed a sharps box when receiving a prescription for injectable medications. It was agreed that six-month data would be produced to establish if prescribing of sharps boxes coincided with the prescribing of injectables.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To produce six-month data to establish if the prescribing of injectables coincided with the prescribing of sharps boxes
	Next Meeting: Tuesday 15th September 2020, 12.30pm. via MS Teams	