

**BHR Integrated Care Partnership (ICP) AREA PRESCRIBING SUB-COMMITTEES**  
**Tuesday 22<sup>nd</sup> June 2021**  
**At 12.30 via MS Teams**

**Members:**

Dr A Sharma (AS)	Chair, GP, Clinical Director Prescribing Lead, Barking & Dagenham
Belinda Krishek (BK)	Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP)
Sanjay Patel (SP)	Deputy Chief Pharmacist, BHR ICP
Dr S Raza (SR)	GP, Clinical Director Prescribing Lead, Redbridge
Dr M Sanomi (MS)	GP, Clinical Director Prescribing Lead, Havering
Dr T Teotia (TT)	GP, Barking & Dagenham and Havering Local Medical Committee (LMC)
Dr P Nair (PN)	GP, London wide LMC - Redbridge
Sarla Drayan (SD)	Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT)
Kam Takhar (KT)	Associate Director of Pharmacy, Quality & Safety, North East London Foundation Trust (NELFT)
Vicki Kong (VK)	QIPP Programme Pharmacist, BHR ICP
Mohamed Kanji (MK)	Prescribing Advisor (Havering), BHR ICP
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR ICP
Taruna Patel (TP)	Prescribing Advisor (Havering/Redbridge), BHR ICP
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR ICP
Denise Baker (DB)	Business Manager, BHR ICP, minute taker
Navdeep Sahota (NS)	Practice Support Officer, BHR ICP (observing)

**Apologies:**

Lorraine Silver (LS)	Patient representative
Vikki Kamm (VKA)	Patient representative

Item		Action
<b>57.1</b>	<b>Welcome, introductions and apologies</b>	
	A list of apologies was received as shown above and introductions were provided.	
<b>57.2</b>	<b>Declarations of conflicts of interest</b>	
	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 ICP.	
<b>57.3</b>	<b>Minutes of the last meeting</b>	
	The minutes of the previous meeting (May 2021) were agreed as an accurate record. The redacted minutes for March 2021 were agreed.	
<b>57.4</b>	<b>Matters/Actions arising</b>	
	<b>eRD patient consent and implementation (52.8)</b>	<b>LPC</b>

<p>This item was to be deferred until organisations had resumed 'Business As Usual' (BAU) functions and work areas.</p> <p><b>Covid-19 impact on primary care prescribing data (53.12)</b> A 'snapshot' of twelve months prescribing data would be shared with the committee.</p> <p><b>Leuprorelin Review with ELHCP Hospital Only List (54.16)</b> MMT representative advised that he had shared the committee's decision that leuprorelin should remain as 'Hospital Only' status for the gynaecological conditions outlined. <b>Complete.</b></p> <p><b>Cinacalcet Shared Care Guidance for the treatment of primary hyperparathyroidism in adults when parathyroid surgery is clinically inappropriate (55.6)</b> An update was awaited from BHRUT regarding the identifying of patients on the pharmacy prescribing system and the numbers of patients who could require shared care. MMT representative agreed to liaise with BHRUT to chase for a response.</p> <p><b>Pan London Formulary (55.7)</b> MMT representative shared the Pan London Formulary Project consultation document that provided a summary of recommendations from the RMOC forum and subsequent consultation feedback (January -March 2021). MMT representative highlighted page 15 in the document which outlined the challenges of a formulary on a wider scale across London and the options for model delivery and work programme for the next 12-18 months. The initial test chapters being considered were Ophthalmology and Shared Care and once documents to support any formulary decision were available, these would be shared with the committee. MMT representative advised that the formulary group were yet to decide on how future chapters would be assigned for consideration by individual organisations. <b>Complete.</b></p> <p><b>Implementing recommendations from NHSE based on their national consultation on over the counter (OTC) medicines (55.8)</b> It was confirmed that the position statements had been uploaded to the GP websites. However, due to the impact of the pandemic, patient communications were yet to be considered and produced to support the implementation of the position statements.</p> <p><b>Acute Repeat Prescribing Policy &amp; Checklist (55.11)</b> The approved finalised documents had been shared with MSGG colleagues.</p>	<ul style="list-style-type: none"> <li>- To advise of revised meeting date once BAU was resumed</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To circulate a 'snapshot' of twelve months data to enable comparison of current level of prescribing and pre-pandemic</li> </ul> <p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To establish patient numbers and consider options to transfer NHSE funding</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- to chase BHRUT for a response to the above action</li> </ul> <p><b>MMT/LPC</b></p> <ul style="list-style-type: none"> <li>- To draft patient communications to support the implementation of the position statements</li> </ul>
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	<p><b>Community Pharmacy Referral Service (CPRS)/ DMS (55.14)</b> A presentation would be provided at the next APC meeting.</p> <p><b>Infliximab and Vedolizumab IV to SC (BHRUT) (56.5)</b> An update was awaited on the number of patients who would be affected by this change to treatment. MMT representative agreed to liaise with BHRUT for this information.</p> <p><b>RMOC Shared Care protocols: Shared Care for Medicines Guidance – A Standard Approach / Workplan / National consultation 1 (7th May - 11th June) (56.7)</b> All actions relating to the above item had been completed.</p> <p><b>Health London Partnership – School Asthma guide (56.8)</b> MMT representative confirmed that comments had been received regarding the above guide and collated. The meeting with HLP colleagues and the CYP Transformation Group was yet to be arranged.</p> <p><b>Steroid Cream Prescribing (56.9)</b> MMT representative advised that DMC Healthcare service had commenced work on the formulary and once drafted would be shared with the committee.</p> <p><b>Emergency Steroid Card</b> MMT representative advised that a response had been received to advise that anticoagulation details were currently being considered for addition to the East London Patient Records (ELPR) system and the task group could also consider the inclusion of steroid and any other alert card information.</p>	<p><b>LPC representative</b></p> <ul style="list-style-type: none"> <li>- to submit a presentation for the next committee meeting</li> </ul> <p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To provide an update on patient numbers for the next APC meeting</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- to chase BHRUT for a response to the above action</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To arrange a meeting with HLP colleagues and the CYP Transformation Group to consider amendments to the guide</li> </ul>
57.5	<p><b>Chairman's Action</b></p> <p>None.</p>	
57.6	<p><b>Sativex for severe Multiple Sclerosis (MS) related spasticity: National Hospital for Neurology and Neurosurgery (NHNN)</b></p>	
	<p>MMT representatives advised that following a meeting with Joint Formulary &amp; Medicines Optimisation Pharmacist, North Central London the above shared care document had been revised to incorporate previous comments raised by the committee. A further concern was identified in the document regarding the assumed acceptance of shared care, should a GP not provide a response within fourteen days. It was agreed that this should be referred back for consideration and amendment if possible. However, it was acknowledged that the</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- MMT representative agreed to liaise regarding the assumption of shared care and the suggestion of contacting MM team members to follow up with BHR GP non-responders to shared care requests</li> </ul>

	<p>wording was standard in many shared care documents. It was suggested that secondary care consultants/pharmacy team could contact the Medicines Management team to request follow up with a BHR GP to enable a response to be obtained.</p> <p><b>Approved subject to amendment.</b></p>	
<b>57.7</b>	<b>RMOC: Shared Care protocols for consultation (Part two)</b>	
	<p>The following drafted share care protocols had been shared with the committee:</p> <ul style="list-style-type: none"> <li>• Methylphenidate in adults</li> <li>• Lisdexamfetamine in adults</li> <li>• Dexamfetamine in adults</li> </ul> <p>The three drafted protocols would also be shared with mental health colleagues for their consideration and comment. MMT representative requested that comments were to be submitted for collation by Monday 12<sup>th</sup> July 2021.</p> <p>MMT representative highlighted a concern regarding the GP responsibility of ongoing monitoring of patients outlined in the documents and the possible refusal by some GPs due to workload.</p> <p><b>Noted.</b></p>	<p><b>ALL</b></p> <ul style="list-style-type: none"> <li>- To submit comments to MMT representative by Monday 12<sup>th</sup> July 2021</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To share drafted protocols with mental health colleagues for their consideration and comment</li> <li>- To collate comments and submit on behalf of BHR by the deadline date of the 15<sup>th</sup> July</li> </ul>
<b>57.8</b>	<b>Medication Authorisation and Administration Record (MAAR) Chart V4 Updated (NELFT)</b>	
	<p>The following documents had been shared with the committee:</p> <ol style="list-style-type: none"> <li>a) Updated MAAR Chart</li> <li>b) Summary of edits and changes</li> <li>c) Procedure</li> <li>d) Policy</li> <li>e) Feedback sheet</li> </ol> <p>NELFT representative advised that the MAAR chart had been updated to address concerns regarding formatting, wording clarification and overall usability by clinicians. During the pandemic electronic signatures had been accepted to authorise the forms and this would continue as normal process going forward. A concern was raised that forms were not able to be forwarded from a practice's generic nhs.net email account and could only be forwarded by the authorising clinician's personal nhs.net email address. NELFT representative explained that if the use of a generic email account was required, a Memorandum of Understanding (MOU) was to be put in place to support the change in the agreed submission process;</p>	<p><b>ALL</b></p> <ul style="list-style-type: none"> <li>- To forward comments to MMT representative by Thursday 15<sup>th</sup> July</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To collate comments on behalf of BHR primary care colleagues and include the following concerns that had been raised: <ul style="list-style-type: none"> <li>❖ Formatting amended to ensure sufficient space available in text boxes</li> <li>❖ Amend PRN second page to enable the patient details to be transferred from the first page</li> </ul> </li> </ul>

	<p>BHRUT currently had an arrangement in place to support the use of a generic nhs.net email account within the Trust. Further issues were raised and it was agreed that MMT representative would collate comments on behalf of BHR primary care colleagues; a deadline date of the 15<sup>th</sup> July 2021 was shared.</p> <p>NELFT representative would check the timescale for the rollout of the revised forms and feedback.</p> <p><b>Noted.</b></p>	<ul style="list-style-type: none"> <li>❖ Training to be available to ensure clinicians understand the different forms and requirements</li> <li>❖ To enable only the relevant form to be accessed and submitted by the clinician (forms 1 &amp; 2 for primary care)</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To explore how the MAAR forms could be uploaded to BHR GP practice systems without the need for individual access</li> <li>- To consider the provision of assurance in BHR to enable practices to use generic nhs.net email accounts to submit forms</li> </ul>
<b>57.9</b>	<b>Standardising the approach to prescription requests from pharmacy (LMC)</b>	
	<p>LMC representative raised concern regarding the different formats of prescription requests that were currently being received by GP practices from community pharmacies. MMT representative advised the committee that an interim NEL LPC Secretary had recently been recruited. It was suggested that joint discussions with LPC colleagues could enable an advice and guidance document to be produced to support both GP practices and community pharmacy.</p> <p>Whilst it was acknowledged that online and multiple pharmacies also submit requests and have their own procedures in place, the clinical directors were keen to support a short life working group to establish a standard approach. Tower Hamlets, Newham and Waltham Forest (TNW) colleagues could also be invited to the group to support discussions.</p>	<p><b>LMC/MMT/LPC/CDs/TNW</b></p> <ul style="list-style-type: none"> <li>- To form a short life working group to discuss a standardised approach to prescription requests to GP practices from community pharmacies</li> </ul>
<b>57.10</b>	<b>Any other business</b>	
	<p><u>Hydroxychloroquine query</u> – GP representative raised a concern regarding the prescribing of this medication and MMT representative agreed to check the guidance and respond after the meeting.</p> <p><u>BHR ICP Structured Medication Review (SMR) Position Statement</u> – MMT representative presented the SMR position statement to the committee and explained the recommendation (shown below) that was being made to BHR GP practices for the completion of SMRs during the remainder of the financial year 2021/22.</p> <ul style="list-style-type: none"> <li>• <i>The recommendation starts from August 2021. Therefore, for 2021/22 the recommendation is 200 SMRs per FTE PCN Clinical Pharmacist. This will include any SMR completed from April 2021.</i></li> </ul>	

	The committee considered the document and approved the recommendation.	
	<b>Next Meeting: Tuesday 27th July 2021, 12.30pm. via MS Teams</b>	