

BHR CCGS AREA PRESCRIBING SUB-COMMITTEES

Tuesday 17th November 2020

At 12.30 via MS Teams

Members:

Dr Syed Raza (SR)	Chair, GP, Clinical Director Prescribing Lead, Redbridge Clinical Commissioning Groups (CCGs)
Dr A Tran (AT)	GP, Clinical Director Prescribing Lead, Havering CCG
Dr J John (JJ)	GP, Clinical Director, Barking & Dagenham (B&D) CCG
Sanjay Patel (SP)	Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCG
Belinda Krishek (BK)	Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) CCGs
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Barking Havering and Redbridge University Trust (BHRUT)
Mohamed Kanji (MK)	Prescribing Advisor (Havering), BHR CCGs
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR CCGs
Kam Takhar (KT)	Deputy Chief Pharmacist CHS, North East London Foundation Trust (NELFT)
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR CCGs
Faisal Choudhury (FC)	Pharmacy Integration Lead, North East London Local Pharmaceutical Committee (NELLPC)
Lorraine Silver (LS)	Patient representative
Denise Baker (DB)	Business Manager, BHR CCGs, minute taker

In Attendance:

Dr Corinna Midgley (CM)	Medical Director and Consultant in Palliative Medicine, Saint Francis Hospital
Jennifer Jacyna (JEJ)	Head Office Pharmacist, DMC
Elaine Flaherty (EF)	Tissue Viability Nurse NELFT
Solma Khatoon (SK)	Senior Project Manager, BHR CCGs
Imran Khan (IK)	QIPP Programme Pharmacist, BHR CCGs

Apologies:

Dr G Kalkat	Chair, GP, Clinical Director Prescribing Lead, B&D CCG
Sarla Drayan	Chief Pharmacist, BHRUT
Vicki Kong	QIPP Programme Pharmacist, BHR CCGs
Taruna Patel	Prescribing Advisor (Havering/Redbridge), BHR CCGs
Vikki Kamm	Patient representative

Item		Action
54.1	Welcome, introductions and apologies	
	A list of apologies was received as shown above and introductions were provided.	
54.2	Declarations of conflicts of interest	

	<p>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.</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.redbridgcccg.nhs.uk/About-us/Our-governing-body/register-of-interests.htm</p>	
54.3	Minutes of the last meeting	
	<p>The minutes of the previous meeting (September 2020) were agreed as an accurate record. The redacted minutes for July 2020 were agreed.</p>	
54.4	Matters/Actions arising	
	<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 London Procurement Partnership (LPP) pan-London blueteq form for flash glucose was no longer in use. North East London Commissioning Support Unit (CSU) have advised that they have supported North Central London to design a commissioning policy and developed a bespoke blueteq form for them, which could be easily replicated for BHR when needed. As this action has now been superseded the item was retired. Retired.</p> <p>Disease Modifying Anti-Rheumatic Drugs (DMARDs) Guidance (52.6) It was agreed that the review date of the DMARDs Guidance and the DMARDS shared care document would be extended to March 2021.</p> <p>eRD patient consent and implementation (52.8) Medicines Management representative advised that the planned meeting between the North East London Local Pharmaceutical Committee (NEL LPC) and BHR Primary Care Networks had needed to be re-scheduled and a new date was yet to be confirmed by the NEL LPC.</p> <p>DMARDs Share Care Guidance in rheumatic diseases (52.14) The revised document had been received and finalised for use. Completed.</p> <p>Sharps boxes prescribing data (52.18)</p>	<p>MMT</p> <ul style="list-style-type: none"> - To amend the action log to show the extended review date of March 2021 <p>LPC</p> <ul style="list-style-type: none"> - To advise of revised meeting date

<p>It was confirmed that an article had been included in the MMT newsletter and a message shared with patients through the BHR Patient Engagement Forums (PEF) meetings. Medicines Management representative advised the committee that replacement boxes were provided to patients by Medisort, the sharps waste collection company and therefore only initial boxes needed to be prescribed. Completed.</p> <p>Protocol to review the prescribing of Dosulepin (53.8) The committee were advised that work relating to Dosulepin prescribing had commenced and been completed in six practices. Initial data had identified 27 patients receiving Dosulepin within these practices, nine who had a mental health indication, eight who had a pain indication and a further ten who required follow up review by the practice to establish their clinical indication. Work would continue within BHR practices. Completed.</p> <p>Protocol to review the prescribing of Trimipramine (53.9) The committee were advised that work relating to Trimipramine prescribing had commenced and initial data had identified five patients, one with a mental health indication, one with a pain indication and three who required follow up review by the practice to establish their clinical indication. Work would continue within BHR practices. Completed.</p> <p>Reviewing and Stopping the Over Medication of People with a learning disability, autism or both with psychotropic medicines (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) (53.10) The committee were advised that this workstream had been completed in three practices and initial data had identified eleven patients, six were known to the NELFT mental health service and five unknown patients had been referred back to the service for review. Further scoping would take place with the rest of BHR practices to identify patients unknown to NELFT, for referral into NELFT services for review. Discussions are taking place with NELFT to establish a managed pathway and capacity to review these additional patients. Completed.</p> <p>ScriptSwitch message review (September 2020) (53.11) Actions complete.</p> <p>Covid-19 impact on primary care prescribing data (53.12) It was agreed that updated data would be shared at the January 2021 APC meeting.</p> <p>Implementing recommendations from NHSE based on their national consultation on over the counter (OTC) medicines (53.13) The committee were advised that the position statements relating to the above work area had been revised in line with previous APC comments however, these versions would be circulated again to LMC colleagues for further commenting. It was anticipated that final</p>	<p>MMT</p> <ul style="list-style-type: none"> - to share information/outcomes once baseline audits are concerned <p>MMT</p> <ul style="list-style-type: none"> - To include finalised versions of the position statements in the January APC agenda
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	<p>versions of the position statements would be included in the January APC agenda with details of an implementation plan; a delay could be possible due to Covid-19.</p> <p>Specials Guide – thickeners and tablet to liquid guidance (53.16) Action complete.</p> <p>Regional medicines Optimisation Committee (RMOC) ask for new Lipid Management and Statin Intolerance Pathways (53.19) Action complete.</p>	
54.5	Chairman’s Action	
	None.	
54.6	Methadone Shared Care (Saint Francis Hospice (SFH))	
	<p>SFH representative was welcomed to the meeting and presented a shared care document to support the prescribing of oral methadone in analgesia in palliative care within primary care. SFH representative confirmed that approximately 20-25 patients across BHR would need to use methadone in palliative care as it was a fourth line treatment choice. Concerns were raised by committee members regarding the document and amendments requested to clarify highlighted issues. BHRUT representative was concerned that strengths of liquid methadone could be confusing and therefore requested that one strength, 1mg/1ml liquid, be specified for use. Whilst this strength was easily available it was noted that some patients struggled with liquids due to dexterity problems. SFH representative accepted this concern but stated that there would be exceptional cases where stronger strengths would be required and for this cohort of patients’ discussions would take place with the individual patient/carers and their GP.</p> <p>It was agreed that a notification should be forwarded to the community pharmacies to ensure that their pharmacist could respect sensitivities for the patient’s situation, maintain service continuity and support carers and family members. It was agreed that the letter included in the shared care document provided too much detail for this purpose and therefore a simpler notification would be produced to inform community pharmacies.</p> <p>Approved subject to amendment.</p>	<p>SFH</p> <ul style="list-style-type: none"> - Page 1, <ul style="list-style-type: none"> • Clarify around the process to address the QT interval • Patient Pathway, Prescribing Initiated by column, to amend the format to enhance the wording ‘GP under guidance from Consultant in Palliative Medicine whilst patient is at home: as co-opioid only - Page 2, Baseline ECG, to add details that the hospice is able to support practices if struggling to arrange an ECG for a patients’ - To produce a notification that could be forwarded to community pharmacies advising of prescribing and patient circumstances i.e. not part of a substance misuse therapy programme
54.7	Revised guidance on use of Efudix in primary care/ shared care with consultant dermatologist (DMC Healthcare)	
	DMC Healthcare representative was welcomed to the meeting and presented the updated version of the above guidance following previous APC comments. The committee considered the revised version and further concerns were raised.	<p>DMC</p> <ul style="list-style-type: none"> - Page 1, <ul style="list-style-type: none"> • To clarify the indications that Efudix was licensed for

	<p>MMT representative advised the committee that it was anticipated that the document would only be required for a limited time, whilst commissioning arrangements were agreed to allow all short-term prescribing of Efudix to be maintained by DMC Healthcare.</p> <p>Approved subject to amendment.</p>	<ul style="list-style-type: none"> • Patient Pathway, to clarify that the total area of 225cm² should not be exceeded and could be a series of smaller areas combined <p>- Page 2,</p> <ul style="list-style-type: none"> • Dose, to clarify whether a standard once a day dose could be specified • Key adverse effect and actions, to ensure result of DPD test is documented <p>- Page 3, Secondary skin infection, to clarify the topical antibiotic to be provided in line with the BHR formulary</p>
54.8	Commissioning of Medtronic 780g insulin pump (BHR CCGs)	
	<p>Primary Care representative was welcomed to the meeting and explained that the Medtronic 780g insulin pump was now available via NHS Supply Chain and therefore requested that the committee consider its inclusion in the list of commissioned devices for BHR.</p> <p>The committed agreed to option 2: BHR CCGs agree to commission the Medtronic 780G, as it is available on the NHS Supply Chain insulin pump product offering list, therefore making it available to patients across the BHR CCG footprint in line with WEL CCGs. Section 1 of the Blueteq forms attached in appendix A would be updated to reflect the commissioning decision (timescale one month).</p> <p>Approved.</p>	
54.9	Amendment to Wound Care Formulary 2019 (NELFT)	
	<p>NELFT TVN was welcomed to the meeting and advised the committee of the request to include the full range of Readywrap garments and comfinette stockinettes to the formulary in the non-compression bandaging section. This would enable them to be ordered via the online dressing ordering system Formeo.</p> <p>NELFT representative highlighted that any amendment to the formulary before review date would also impact on Waltham Forest, who were originally involved in the production of the formulary. NELFT TVN advised that this request had been shared with WF colleagues and would liaise further with NELFT colleague regarding the response. It was anticipated that formularies for BHR and WF would be separated.</p> <p>MMT representative raised concern regarding the emollients listed on page 13 of the Wound Care Formulary document. NELFT TVN agreed to re-consider the products and remove those not included in the BHR Emollients Formulary.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - Page 13, Emollients, to consider the products listed and align with the BHR Emollients formulary

	Approved.	
54.10	BHR Care Home Resources (BHR CCGs)	
	<p>MMT representative presented the finalised version of the following three documents:</p> <ul style="list-style-type: none"> • Re-use of medicines scheme during Covid-19 in Care Homes Standard Operating Procedure – amendment required • Medicines wastage audit template • Useful Resources for Pharmacy professionals supporting Care Homes – amendments required <p>A concern was raised regarding the audit template and capacity by the GP to complete the document. However, it was highlighted that the template developed by the MOCH pharmacy technician would enable GPs/PCN pharmacists and/or pharmacist technicians to support with the overall completion, rather than just one clinician working through the whole document.</p> <p>Approved subject to amendment.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - To amend the Re-use of Medicines SOP to include competencies that would be required by HCPs/CNs supporting implementation of the scheme - To include the Eclipse SMR tool as an attachment to the Useful Resources guide for BHR and forward finalised copy to MMT for upload to the BHR websites
54.11	Specialist Blood Glucose Testing Meters Guidance: Interim update (BHR CCGs)	
	<p>MMT representative presented the revised Specialist Blood Glucose Testing Meters Guidance which had been updated with the following:</p> <ul style="list-style-type: none"> • Replace Accu-Chek Aviva Expert now discontinued with Freestyle Libre device for carb counting • Replace GlucoRx Nexus Voice with the Palmdoc 2 Voice Technical which is more cost effective • An extension to the review date from February 2021 to February 2022 <p>The above was agreed as outlined in Option 1. MMT representative confirmed that Specialist Diabetes nurses had been involved in the above recommendations.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To upload the revised guidance to BHR websites
54.12	Updated prescriber changes guidance for GP practices (BHR CCGs)	
	<p>The committee were advised that there had been a change in the process for updating prescriber codes in GP practices and therefore the guidance had been revised to reflect the new requirements. Concern was raised as to how the change in process would be communicated to GP practices. The committee were informed that an article would be</p>	<p>MMT</p> <ul style="list-style-type: none"> - To include article in MMT Newsletter

	included in the MMT newsletter, together with reminders directly to practices by the Practice Support Officers (PSOs) during their visits. Approved.	- To ensure that PSOs remind practices of the change in process during their visits
54.13	North East London (NEL) Management of Infection Guidance for Primary Care	
	MMT representative advised the committee that the format of the above guidance had been revised and now incorporated visual summaries to support prescribing of antimicrobials. The information in this version of the document had previously been reviewed for content and had been updated with the comments subsequently received. The document had been reviewed by various stakeholders at the North East London Antimicrobial Resistance Strategy Group (NEL AMRSG), including microbiology teams at all of the NEL Acute Trusts. Therefore, it was explained that this version was not being considered for any further comment and would be added to the BHR websites in its present format. Some comments received were circulated with the agenda and any further comments could be forwarded to MMT representative for collation until the next planned review of the document. Agreed.	MMT - To upload guidance to BHR websites
54.14	Practice Support Officer (PSO) Standard Operating Procedure (SOP) (BHR CCGs)	.
	MMT representative explained that prior to Covid-19 the PSOs would have accessed the GP clinical system to complete workstreams using their Smartcards from within GP practices. However, due to the pandemic, workstreams were being completed remotely and the SOP and authorisation form had been updated to reflect the required remote access which also involved the use of a smartcard. Approved.	.
54.15	DOAC/NOAC follow up and monitoring guidance (BHRUT)	.
	BHRUT representative advised the committee that the above revised document incorporated the previous comments received from APC members. GP representative requested that the Clinical Effectiveness Group (CEG) template be referred to within the document and this was to be shared with BHRUT colleagues. A concern was also raised regarding alcohol in terms of co-medication and bleeding risk. Further comments were received requiring amendment to the document. Approved subject to amendment.	MMT. - To share CEG template with BHRUT colleagues BHRUT. - To include the link to the CEG template - To consider alcohol and co-medication/bleeding risk - To change references within the document from NOACs to DOACs - To include 'alert' in the reference to the DOAC card

		<ul style="list-style-type: none"> - To enhance the writing in red on the front page by making the print larger
54.16	Leuprorelin Review within ELHCP Hospital Only List (BHR CCGs/BHRUT)	.
	<p>The submission to the ELHCP review group of the Hospital Only List had been included for the committee to consider. MMT representative outlined the views that had been received from NEL colleagues regarding the request to include the following exceptions which were licensed indications for Leuprorelin injections:</p> <ul style="list-style-type: none"> • Management of endometriosis, including pain relief and reduction of endometriotic lesions • Endometrial preparation prior to intrauterine surgical procedures including endometrial ablation or resection • Preoperative management of uterine fibroids to reduce their size and associated bleeding <p>Several concerns were raised, including capacity to support additional prescribing in primary care whilst acknowledging the capacity issues already existing within secondary care. It was therefore agreed that this request should be referred to both Barking, Dagenham & Havering LMC and Redbridge LMC for their input before any decision was made for BHR practices.</p> <p>Not approved.</p>	<p>MMT.</p> <ul style="list-style-type: none"> - To email BHR LMCs the agenda item regarding Leuprorelin injections and request their comments on the HOL application (cc GP representatives in the email)
54.17	Smartcard use in Medicines Management (BHR CCGs)	
	<p>MMT representative presented the above document to the committee and outlined the support that had been provided by the MMT to GP practices during the Covid-19 pandemic. Approval had been sought via Chairman's action to enable PSOs and other clinical members of the MMT who obtained smartcards, to support remotely the following workstreams since March 2020:</p> <ul style="list-style-type: none"> • Identify and put suitable patients onto electronic Repeat Dispensing (eRD) • Carry out medication reviews in care home patients <p>The committee were advised that the MMT no longer required remote access to support the Care home workstream which had finished in October 2020, however the eRD workstream was to continue until March 2021.</p> <p>Options 1 and 2 were approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To advise GP practices to review Smartcard access as per options 1 and 2

54.18	Updated Chronic Obstructive Pulmonary Disease (COPD) guidelines (BHR CCGs/ BHRUT)	
	<p>MMT representative presented the COPD guideline that had recently been approved at the BHRUT Medicines Optimisation Group and was to be considered by the committee for approval within primary care. The document was deemed extremely helpful with a minor amendment required to include page numbers.</p> <p>It was also requested that when the document was next reviewed the details of inhalers in Appendix 5 be outlined to ensure clarity regarding the name of each device.</p> <p>Approved.</p>	<p>BHRUT</p> <ul style="list-style-type: none"> - To add page numbers
54.19	Updated Palliative Care Quick Reference Guide (NELFT)	
	<p>NELFT representative explained to the committee that there had been minor changes since the version circulated with the agenda and updates were to be made to the library references within the document.</p> <p>Comments had been received from NELLPC colleagues and NELFT representative confirmed that this quick reference guide covered NELFT services across BHR, WF and Essex. It was explained that due to local decision making, there would remain slight variations to the stock lists for palliative care medicines kept with participating community pharmacies. It was also agreed that reference to the EOL scheme ending at the end of March 2021 would not be included.</p> <p>Approved subject to amendment.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - To circulate revised version following amendment to the library references within the document.
54.20	BHR CCGs Medicines Safety & Governance Group (MSGG)– update on initial meeting	
	<p>MMT representative provided a verbal update following the first meeting of the MSGG group. Both the Terms of Reference and the workplan for the group had been agreed and minutes of the meetings would be shared regularly with the APC members. PCN engagement had been extremely positive and a PCN Clinical Director and B&D GP had agreed to share chairing commitments.</p> <p>Noted.</p>	
54.21	Medicines and Healthcare products Regulatory Agency (MHRA) Drug Safety Updates: August/September/October 2020	
	<p>The above MHRA drug safety alerts had been shared with the committee and it was agreed that these would in future be considered by the MSGG for local dissemination and action. A concern was raised as to how MHRA alerts were shared with clinicians and MMT</p>	

	<p>representative advised that MMT regularly included details in the MMT monthly newsletter circulated to all BHR GP practices.</p> <p>Noted.</p>	
54.22	APC 2021	
	<p>MMT representative explained that due to impending changes across NEL organisations only the first two dates shared with the committee for January and March 2021 may remain as dedicated BHR APC dates. The committee were advised that from April 2021 there may be changes to the remit of the BHR committee as there was a planned new Medicines Optimisation Committee across NEL, in line with the seven CCG merger.</p> <p>Noted.</p>	
54.23	Any other business	
	None.	
	Next Meeting: Tuesday 19th January 2021, 12.30pm. via MS Teams	