

BHR CCGS AREA PRESCRIBING SUB-COMMITTEES

Tuesday 15th September 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)
Dr Tina Teotia (TT)	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
Denise Baker (DB)	Business Manager, BHR CCGs
Vikki Kamm (VKA)	Patient representative
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR CCGs
Kam Takhar (KT)	Deputy Chief Pharmacist CHS, North East London Foundation Trust (NELFT)
Rahul Singal (RS)	Chief Pharmacist, NELFT

In Attendance:

Matthew Brigden	Business Delivery Lead, Accelerate CIC
Davide Altamura	Consultant Dermatologist, DMC

Apologies:

Sarla Drayan (SD)	Chief Pharmacist, BHRUT
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR CCGs
Taruna Patel (TP)	Prescribing Advisor (Havering/Redbridge), BHR CCGs

Item		Action
53.1	Welcome, introductions and apologies	
	A list of apologies was received as shown above and introductions were provided.	
53.2	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.	

	<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>	
53.3	Minutes of the last meeting	
	<p>The minutes of the previous meeting (July 2020) were agreed as an accurate record.</p> <p>The redacted minutes for January 2020 were agreed subject to amendment.</p>	<p>MMT</p> <ul style="list-style-type: none"> - January 2020 redacted minutes, - page 5, item 50.9, close bracket - page 7& 10, remove names that remain stated in items
53.4	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 blueteq forms were awaited and would be circulated as a future APC agenda item.</p> <p>DOAC follow up and monitoring checklist in AF/VTE patients in primary care (50.12) A revised document was expected for consideration at the next APC meeting.</p> <p>Shared Care concern (52.4) MMT representative advised the committee that the initial meeting of the Task & Finish Group to discuss shared care arrangements had taken place and the Terms of Reference had been drafted. Two BHR GPs were already part of the group, however invitations to attend future meetings would be circulated to the three BHR Prescribing Leads. BHR GP representative reiterated concerns regarding the current expectation of BHR GP practices to support shared care and highlighted an issue he had experienced regarding methotrexate; details of this issue were to be shared with DG for investigation. Complete.</p> <p>Disease Modifying Anti-Rheumatic Drugs (DMARDs) Guidance (52.6) An article had been included in the MMT Newsletter to provide clarity regarding the monitoring requirements for DMARDs. Other items remained outstanding.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To establish when the blueteq forms would be available for APC approval <p>BHRuT</p> <ul style="list-style-type: none"> - To submit a revised document for consideration at a future APC meeting

<p>eRD patient consent and implementation (52.8) It was confirmed to the committee that a meeting had been arranged with the North East London Local Pharmaceutical Committee (NELLPC) and BHR Primary Care Networks (PCNs) to discuss increasing the level of eRD across BHR. Complete.</p> <p>BHR Health System Quality & Performance Committee Terms of Reference (ToR) (52.12) It was confirmed that the APC ToR had been updated to reflect the recent changes within BHR CCGs. Complete.</p> <p>DMARDs Share Care Guidance in rheumatic diseases (52.14) BHRUT representative advised that the changes that had been requested at the previous APC were complete and the revised document would be forwarded.</p> <p>Medication Authorisation and Administration Record (MAAR) Charts (52.15) <u>Pan London End of Life Care (EOLC)</u> – It was confirmed that the new forms and the training webinar recording had been uploaded to the CCG websites. Complete. <u>NELFT direction to Administer Insulin/Medication</u> – Implementation of the forms was to commence within the next week with the Medicines Management team leading the communications/roll out strategy. Complete. <u>Electronic Signatures for MAAR charts and direction to administer forms within NELFT</u> – An FAQ and advice sheet had been produced which would outline guidance to GPs around acceptance of electronic signatures on MAAR charts. A printed name with registration number of the prescriber would be accepted by NEFLT services as long as it was sent from the prescriber’s personal secure NHS email account and the name of prescriber on the email matched the name of the prescriber on the chart. If the prescriber could not send the MAAR chart from a personal secure NHS email account then they must print the MAAR chart, sign the chart (wet signature) and then scan and send via email. The email account the MAAR chart was sent from still needed to be a secure NHS email account, however it could be a generic service email account in this case. Complete.</p> <p>ScriptSwitch message review: May 2020 (52.16) Actions complete.</p> <p>Sharps boxes prescribing data (52.18) The committee considered the data that had been presented which identified prescribing of insulin and Sharpsafe for the current 12 months. Whilst numbers of Sharpsafe boxes prescribed was low in comparison to insulin prescriptions, it was acknowledged that these may also be provided to patients via community diabetes services. Sharpsguard was an</p>	<p>BHRUT</p> <ul style="list-style-type: none"> - to ensure the revised document is forwarded for APC endorsement <p>MMT</p> <ul style="list-style-type: none"> - To include article in a future MMT newsletter - To forward a message that could be provided at BHR PEF meetings
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	<p>alternative to Sharpsafe and MMT representative advised that data for this was similar to the data for Sharpsafe across BHR.</p> <p>It was agreed that an article would be included in the MMT newsletter as a reminder to GP practices and this message could also be provided to patients through the BHR Patient Engagement Forums (PEF) meetings. It was also mentioned that a needle clipper device was also available and could be used by patients.</p>	<ul style="list-style-type: none"> - To liaise with NELFT diabetes clinicians to establish if Sharpsafe were provided at the clinics
53.5	Chairman's Action	
	None.	
53.6	Follow up report on transparency in regard to selection and implementation of an online prescribing system (BHR CCGs)	
	<p>Accelerate CIC representative was welcomed to the meeting and presented the requested data, highlighting key areas to the committee. It was acknowledged that whilst there had been an increase in spend on Allevyn since the APC decision to include it to the wound care formulary; Allevyn still accounted for only 9% of BHR's total spend on foam.</p> <p>Clinicians were not mandated to use the Dressing Optimisation Scheme (DOS) and could exercise a choice when prescribing, however the Accelerate CIC representative advised that engagement with stakeholders was taking place to increase the use of the system.</p> <p>Patient representative raised concern regarding the quality of care for patients as the discussion had centred around financial outcomes. Accelerate CIC representative assured the committee that clinicians discussed care and treatment with their patients and this was supported by patient feedback and clinical audits outlining activity. Reports from Planned Care Transformation Boards would be shared at a later date with the committee.</p> <p>Noted.</p>	<ul style="list-style-type: none"> -
53.7	Revised guidance on use of Efudix in primary care/ shared care with consultant dermatologist (DMC Healthcare)	
	<p>DMC Consultant Dermatologist, was welcomed to the meeting and presented the revised shared care document to the committee. There was discussion on the appropriateness of Efudix prescribing within primary care and the committee was informed that this would only be for patients with Keratosis stage 1, eg. smaller areas (highlighted in the document) requiring treatment. More complex cases would be referred to specialist clinicians for review and initiation with clinician supervision remaining for Keratosis stage 2 and 3.</p>	<p>DMC</p> <ul style="list-style-type: none"> - Page 2, <ul style="list-style-type: none"> ❖ Adverse effects, neutropenia and thrombocytopenia are not common side effects ❖ 'Redness/pain with 5-Fluoracil' bullet point five, amend word from 'antiseptic' to 'antibiotic'

	<p>Concern was raised regarding the reference to pregnancy/breastfeeding within the shared care document and the patient information sheet and it was agreed that this should be reviewed to provide more explicit wording.</p> <p>MMT representative advised that DMC were currently commissioned to provide advice and guidance with discussions due to take place enabling the service to fully initiate treatment. However, due to the contentious nature of Efudix prescribing this document had been produced to support GPs to prescribe in primary care.</p> <p>Amendments required and re-submission to the next APC meeting.</p>	<ul style="list-style-type: none"> - Page 3, Pregnancy and Breast feeding, to provide more explicit wording to advise specialist would have this discussion with patients and must be documented for GP awareness - Page 7, At what time of day should I apply 5-FU cream, the wording relating to pregnancy/breastfeeding needs to be highlighted clearly within the leaflet.
53.8	Protocol to review the prescribing of Dosulepin (BHR CCGs)	
	<p>BHR Prescribing Support Officer was welcomed to the meeting and advised that following NHSE advice regarding safety concerns for the use of Dosulepin, the above protocol had been produced to review prescribing across BHR. The workstream would identify patients for review who were being prescribed Dosulepin for mental health indications and a switch considered to an alternative agent or other suitable treatment, or a referral to NELFT colleagues to discuss ongoing therapy. Dosulepin prescribed for unlicensed/other indications would be highlighted to the GP. NELFT Mental Health clinicians were currently in discussion regarding a pathway to support prescribing following patient reviews and if produced could be included within the protocol.</p> <p>Approved for work to commence to establish patient numbers.</p>	<p>MMT</p> <ul style="list-style-type: none"> - Establish patient numbers to enable discussions to commence regarding capacity to support reviews within NELFT
53.9	Protocol to review the prescribing of Trimipramine (BHR CCGs)	
	<p>BHR Prescribing Support Officer presented the above protocol which was to review Trimipramine prescribing following NHSE advice regarding safety concerns. The protocol would identify patients for review who were being prescribed Trimipramine for mental health indications and a switch considered to an alternative agent or other suitable treatment, or a referral to NELFT colleagues to discuss ongoing therapy</p> <p>Concern was raised regarding the tapering of dosulepin and trimipramine with the likelihood that only GPs with Special Interest (GPwSI) would be confident to action following a review. SP explained that initially patient numbers would be established and once known discussions regarding capacity to support referrals would commence with NELFT colleagues including the psychiatry team.</p> <p>Approved for work to commence to establish patient numbers.</p>	<p>MMT</p> <ul style="list-style-type: none"> - Establish patient numbers to enable discussions to commence regarding capacity to support reviews within NELFT

53.10	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) (BHR CCGs)	
	<p>BHR Prescribing Support Officer explained to the committee that the STOMP-STAMP implementation was a national project to stop the overuse of psychotropic medication in patients with learning disabilities, autism or both. The presented protocol had been produced to identify patients within this cohort who were not known to local Mental Health Services and ensure that they received an appropriate review and a medication reduction plan considered.</p> <p>Concerns were raised by a patient representative regarding GPs level of involvement in dealing with this cohort of patients and the ability to understand the complexities involved and provide appropriate support. The committee were advised that most patients would already be within the NELFT system for care; the protocol would identify those patients whose treatment was not receiving specialist input, whether prescribing was appropriate or not, and enable reviews to clinical teams for follow up. Upskilling of GPs would also be part of the programme with challenging behaviour awareness and non-pharmacological management being included in the training.</p> <p>Approved for scoping of practices to commence.</p>	MMT <ul style="list-style-type: none"> - To commence scoping of BHR practices to identify relevant patients
53.11	ScriptSwitch message review (September 2020)	
	<p>MMT representative presented messages that the committee were requested to consider. The message relating to Ropinirole (no.2) was withdrawn, however the remaining three messages were approved for addition to the ScriptSwitch system.</p> <p>Approved.</p>	MMT <ul style="list-style-type: none"> - To add the approved messages to ScriptSwitch
53.12	Covid-19 impact on primary care prescribing data (BHR CCGs)	
	<p>MMT representative summarised the data that had been prepared to show the impact on primary care prescribing during the initial months of the Covid-19 pandemic. It was noted that certain areas of antibiotic prescribing had reduced whilst a significant increase in electronic prescribing had occurred in primary care; 80% in Jan 20 increasing to 95% in June 20.</p> <p>The committee requested that regular updates continue to be provided at future APC meetings.</p> <p>Noted.</p>	MMT <ul style="list-style-type: none"> - To provide further updates at future APC meetings

53.13	Implementing recommendations from NHSE based on their national consultation on over the counter (OTC) medicines (BHR CCGs)	
	<p>MMT representative presented the last set of recommendations from NHSE for decommissioning Over The Counter (OTC) medicines for local implementation. Position statements had been produced to support the recommendations across BHR and it was noted that due to the acute nature of prescribing, implementation this work would not be undertaken by CCG Practice Support Officers.</p> <p>Concerns were raised regarding the level of discussion that would be required with some patients to explain the decommissioning of these products and capacity within GP practices to do so. GP representative requested that positions statements be available with ScriptSwitch messages to enable easy access. The committee were advised that guidance on the NHS Choices website should corroborate the statements and this would be double-checked. GP representative requested that the position statements be considered by the Barking, Dagenham and Havering Local Medical Committee before approval and BHRUT colleagues requested time to consider the further implications for Trust specialists and hospital practice.</p> <p>A number of amendments had been highlighted on the position statements and MMT representative would update accordingly. It was agreed that this item be presented to the committee again in November, with the intention for communications to primary/secondary prescribers and patients to be prepared for January 2021.</p> <p>The committee were reminded that all the work areas discussed had been nationally agreed, following national public consultation and would require implementation, however clinical judgement would remain with prescribers.</p> <p>Amendments required and re-submission to November APC.</p>	<p>MMT</p> <ul style="list-style-type: none"> • Ensure NHS Choices information is in line with position statements • To amend the position statements as follows: • Decision section of statements, to consider adding 'which may not lead to a prescription' to the second sentence or reference to community pharmacist, NHS 111 or NHS Choices • Over the counter – age limits have not been captured on position statements • Page 4, Cradle Cap, Exceptions -most infants are suffering from distress with this indication so consider alternative wording • Page 6, Mild Cystitis, If symptoms don't improve change 3 days to 5 days • Page 10, Dry or sore tired eyes, <ul style="list-style-type: none"> ❖ Should state 'mild' dry eye ❖ Exception, information missing such as specialist recommendation • Page 13, Indigestion and heartburn, comment regarding Gaviscon • Page 17, Minor burns and scalds, antiseptic creams discouraged • Page 18, Oral Thrush, <ul style="list-style-type: none"> ❖ Exceptions – to consider including care home patients, cancer, immunocompromised, dementia ❖ Decision was made – reference to over the counter gel • Page 19, Exceptions, Diabetics to be included, extensive spread of tinea pedis • Page 21, Mild, infrequent migraines in adults, <ul style="list-style-type: none"> ❖ Infrequent – clarify timeline of infrequency eg, once a month etc.

		❖ Decision was made – reword preparations available over the counter
53.14	BHR Care Home Resources (BHR CCGs)	
	<p>MMT representative advised that the New Revised ‘Policies and Processes’ and Medicines wastage Audit Template had been withdrawn from the agenda.</p> <p>MMT representative explained that the ‘Useful resources for Pharmacy professionals supporting Care Homes’ document had been produced to provide guidance, information/links for training webinars, useful contacts, high priority resources and desirable resources for pharmacists and technicians who would be supporting local care homes. NELFT representative advised that the SMR template had been updated and a revised resource pack would be forwarded to MMT representative.</p> <p>Approved for addition to websites.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To add the finalised version of the resource pack to the websites
53.15	End of Life Care (EoLC) guidance (BHR CCGs)	
	<p>MMT representative provided an outline of the three guidance documents that were now available to support consistent prescribing of EoLC drugs across North East London. The committee were advised that all three guidelines were available on the STP EoLC webpage and therefore the request was for them to be uploaded to the CCG GP websites. NELFT representative mentioned that NELFT would be updating their palliative care guidance to incorporate this guidance including checking links within the documents</p> <p>Submit updated guidance for next APC approval.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - To update palliative care guidance and check links
53.16	Specials Guide – thickeners and tablet to liquid guidance (BHR CCGs)	
	<p>MMT representative advised the committee that guidance had been produced to support the use of thickeners and the switching between liquid and tablet formulations. The advice would be referenced within the Specials Guide and the relevant monographs.</p> <p>Approved. GP representative left the meeting.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To add the guidance to the website, referencing within relevant monographs/ScriptSwitch
53.17	BHR Medicines Optimisation Transformation Plan on the Page (BHR CCGs)	
	<p>MMT representative presented the above document to the committee which summarised the key workstreams for the APC and the Medicines Management Team for 2020/21. Each area was briefly explained and the committee requested the inclusion of the joint working and support provided to the BHR Transformation Boards.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - Amend Column 4, Achieving Medicines Optimisation QIPP, with the following:

		<ul style="list-style-type: none"> - Bullet point 1, remove reference to Prescribing Incentive Scheme - Bullet point 3, to expand the wording to include BHR Transformation Boards
53.18	Medicines and Healthcare products Regulatory Agency (MHRA) Drug Safety Updates	
	The monthly MHRA newsletter for July 2020 had been circulated for information. Noted.	
53.19	Regional Medicines Optimisation Committee (RMOC) ask for new Lipid Management and Statin Intolerance Pathways	
	<p>MMT representative presented the above pathways which had been produced by NHS England and were being considered by the RMOC for local adoption. BHRUT would be considering the pathways at their forthcoming Medicines Optimisation Group (MOG) meeting and this would provide specialist input on the documents. Blueteq forms had been produced to support the pathways but subsequent comments had been received and amendments were to be made to the forms; once updated these would be submitted for APC consideration. The committee were advised that Barts Health NHS Trust were endorsing the pathways however they had commented on the slow update on the use of KS9 inhibitors.</p> <p>BHRUT representative confirmed that BHRUT were broadly in line with the lipid pathway and were referring patients that were experiencing intolerance to three different statins/ezetimibe, to lipid clinics at the Royal London hospital; KS9 treatments were not initiated at BHRUT. NELFT representative requested details of the specialist clinics be provided to support the pathway recommendations and MMT representative advised that Barts Health were currently the tertiary centre for specialist medications.</p> <p>APC requested for pathways to be considered by BHRuT specialists.</p>	<p>BHRuT</p> <ul style="list-style-type: none"> - To discuss pathways at BHRuT's medicines optimisation group (MOG)
53.20	Any other business	
	<p>Supply Disruption Alert (SDA): Lithium Carbonate (Priadel®) 200mg and 400mg modified release tablets – NELFT representative explained the requirements that were detailed in the alert to the committee and a discussion took place regarding BHR patient numbers, switching protocols and capacity to review patients within the required timeline. NELFT/BHRUT and BHR CCG MMT would consider next steps to support BHR patients currently being prescribed Priadel.</p> <p>Noted.</p>	
	Next Meeting: Tuesday 17th November 2020, 12.30pm. via MS Teams	