

BHR Integrated Care Partnership (ICP) AREA PRESCRIBING COMMITTEES
Tuesday 9th November 2021
At 12.30 via MS Teams

Members:

Dr A Sharma (AS)	Chair, GP, Clinical Director Prescribing Lead, Barking & Dagenham
Sanjay Patel (SP)	Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP)
Belinda Krishek (BK)	Chief Pharmacist, BHR ICP
Dr S Raza (SR)	GP, Clinical Director Prescribing Lead, Redbridge
Dr T Teotia (TT)	GP, Barking & Dagenham and Havering Local Medical Committee (LMC)
Dr P Nair (PN)	GP, London wide LMC - Redbridge
Lorraine Silver (LS)	Patient representative
Janeka Perera (JP)	Strategy & Programme Lead, North East London (NEL) Local Pharmaceutical Committee (LPC)
Sushma Lau (SL)	Associate Director of Pharmacy, Operational Services, North East London Foundation Trust (NELFT)
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR ICP
Taruna Patel (TP)	Prescribing Advisor (Havering/Redbridge), BHR ICP
Vicki Kong (VK)	QIPP Programme Pharmacist, BHR ICP
Mohamed Kanji (MK)	Prescribing Advisor (Havering), BHR ICP
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR ICP
Denise Baker (DB)	Business Manager, BHR ICP, minute taker

Apologies:

Dr M Sanomi (MS)	GP, Clinical Director Prescribing Lead, Havering
Sarla Drayan (SD)	Chief Pharmacist and Associate Director of Medicines Optimisation (BHRUT)
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Clinical Services, Barking Havering and Redbridge University Trust (BHRUT)
Vikki Kamm (VKM)	Patient representative

Attending:

Faisal Chowdhury (FC)	Pharmacy Integration Lead, NEL LPC
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Item		Action
60.1	Welcome, introductions and apologies	
	A list of apologies was received as shown above and introductions were provided.	
60.2	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 ICP.	
60.3	Minutes of the last meeting	
	The minutes of the previous meeting (September 2021) were agreed as an accurate record. The redacted minutes for July 2021 were agreed.	MMT – to remove BHRUT representative from page 2 of the redacted minutes

60.4	Matters/Actions arising	
	<p>The following items and actions remained deferred until Business As Usual' (BAU) functions resumed:</p> <ul style="list-style-type: none"> • Smartcard use in Medicines Management (54.17) • eRD patient consent and implementation (52.8) • Implementing recommendations from NHSE based on their national consultation on over the counter (OTC) medicines (55.8) <p>Medication Authorisation and Administration Record (MAAR) Chart V4 updated (NELFT (57.8) NELFT representative confirmed that if assurances such as the addition of the prescriber's GMC number/authorisation were included within the communication submitting the form, then GP practice generic nhs.net email addresses could be used to submit forms. A Memorandum of Understanding (MOU) would be required from each practice wishing to submit forms in this way and NELFT representative agreed to share the MOU for circulation to all BHR practices.</p> <p>There was no further update regarding the 'go live' date for version four of the forms which had recently been commented on. However, it was hoped that EMIS Publisher, if acquired by the CCG, would support the deployment of the finalised forms.</p> <p>Cinacalcet Shared Care Guidance for the treatment of primary hyperparathyroidism in adults when parathyroid surgery is clinically inappropriate (55.6) MMT representative advised the committee that the Planned Care team had deferred to Finance for advice and a response was awaited.</p> <p>Infliximab and Vedolizumab IV to SC (BHRUT) (56.5) It was agreed that a report providing an update on progress would be included as an agenda item for the next meeting.</p> <p>Health London Partnership – School Asthma guide (56.8) The meeting with HLP colleagues and the CYP Transformation Group was yet to be arranged due to the on-going support to the local vaccination sites.</p> <p>Standardising the approach to prescription requests from pharmacy (LMC) (57.9) MMT representative had shared the drafted document with the Interim Chief Officer, NEL LPC and a meeting to include LMC colleagues had been arranged for the 23rd November. It was anticipated that an update would be available for the January APC meeting.</p>	<p>LPC/MMT – refer action log for these items once BAU resumed</p> <p>NELFT</p> <ul style="list-style-type: none"> - To share the MOU for circulation to BHR GP practices <p>MMT</p> <ul style="list-style-type: none"> - To follow up and provide feedback to DG when available <p>BHRUT</p> <ul style="list-style-type: none"> - To submit a paper summarising progress so far for the next APC meeting <p>MMT</p> <ul style="list-style-type: none"> - To arrange a meeting with HLP colleagues and the CYP Transformation Group to consider amendments to the guide <p>MMT</p> <ul style="list-style-type: none"> - To provide an update at the January APC meeting

	<ul style="list-style-type: none"> Covid-19 medicines policy – Previously approved in December 2020 by the committee and now updated to support the schools' vaccination/12-15 year olds programme (14.10.21) 	
60.6	Azathioprine and Mycophenolate for patients with Neurological Indications Shared Care Guideline (BHRUT)	
	This item was deferred to the next APC meeting.	
60.7	Update to BHR CCGs position statements to come into line with NHS England's guidance for CCGs (now ICPs) in not prescribing Over The Counter (OTC) medicines	
	<p>MMT representative presented the following position statements that had received an update to ensure that BHR guidance was aligned to the guidance provided in the NHSE document, 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs'.</p> <ul style="list-style-type: none"> Prescribing of infantile colic remedies Prescribing of cough and cold remedies Prescribing of medicines for dental and oral conditions Short term prescribing of paracetamol and ibuprofen Prescribing for warts and verrucae <p>MMT representative outlined the amendments to the committee. It was agreed that 'red flag symptoms' referred to as an exception in certain statements should be removed and additional wording added to the paragraph relating to 'next steps should patient symptoms not improve or respond to treatment'.</p> <p>Approved subject to amendment.</p>	<p>MMT</p> <ul style="list-style-type: none"> To share the revised version of the position statements with patient representatives for final comments To upload finalised statements to the BHR website
60.8	National Targets and Choice: BHR ICP Interim Inhaler Guidance	
	<p>MMT representative presented to the committee the above guidance which had been produced to support PCNs in working towards the targets set as part of the national agenda to lower the NHS carbon footprint. The target set from the 1st October 2021 was for the average carbon emission per salbutamol inhaler prescribed to be less than 19.4kg CO₂e; BHR ICP was currently at 24.47kg CO₂e per salbutamol inhaler prescribed.</p> <p>The guidance provided actions to support PCNs in working towards the target and the committee were asked to consider these suggestions as interim measures; the guidance would continue to be updated and expanded as more information became available. MMT representative advised that the current information provided in the guidance was based on the PrescQIPP Bulletin 295 which had received endorsement from NHSEI.</p>	<p>MMT</p> <ul style="list-style-type: none"> To draft a BHR PIL which could be shared with the APC patient representatives for comment To finalise PIL following feedback and request approval via chairs' action To add information message to ScriptSwitch advising that Salamol inhaler to be started for acute/new patients

	<p>Whilst the guidance was welcomed and agreed to, there was a request for a Patient Information Leaflet (PIL) to explain the changes and provide assurance. It was suggested that the PIL should be produced and shared with the patient representatives before being considered further by the committee via chairs' action.</p> <p>Approved.</p>	
60.9	RMOC: Shared Care protocols for consultation (part 5)	
	<p>MMT representative advised that comments had been received regarding the following drafted protocols which had been circulated as part five of the RMOC consultation process:</p> <ol style="list-style-type: none"> Oral ciclosporin (non-transplant) Oral and subcutaneous methotrexate (excluding cancer) Sulfasalazine <p>Whilst comments had been collated including those from PrescQipp, MMT representative requested that any additional comments be forwarded urgently as the RMOC deadline had been set for the following day.</p> <p>The committee agreed that a general comment for all shared care protocols was to ensure that patients were stabilised for a minimum of six weeks by the specialist, before care was transferred to GPs. It was suggested that the following statement which had been retrieved from another shared care document could be included in all shared care protocols: <i>'Only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to the GP'</i></p> <p>Comments noted for sharing as part of the consultation process.</p>	<p>MMT</p> <ul style="list-style-type: none"> To include the additional comments from the committee in the BHR feedback
60.10	RMOC: Shared Care protocols for consultation (part 6)	
	<p>MMT representative confirmed that part six of the RMOC consultation process had commenced and the following protocols shared for comment:</p> <ol style="list-style-type: none"> Leflunomide Mercaptopurine Hydroxycarbamide Information on shared care medicines for patients and carers Consultation comments spreadsheet <p>Any comments were to be forwarded to MMT by Monday 6th December. The comment mentioned for part five of the consultation in the above item was reiterated again for inclusion in this feedback too.</p> <p>It was suggested that the patients' representatives within the committee consider the patient and carers information and provide feedback to MMT by the deadline date.</p>	<p>Patient representatives</p> <ul style="list-style-type: none"> To consider the patient/carer information and provide feedback to MMT by Monday 6th December <p>ALL</p> <ul style="list-style-type: none"> To consider the drafted protocols and provide feedback either by email or the spreadsheet to MMT by Monday 6th December

	Noted.	
60.11	BHR GP Community Pharmacist Consultation Service update (NEL LPC)	
	<p>LPC representative provided a presentation to the committee regarding the Community Pharmacist Consultation Service (CPCS) and explained the relevance of the service within BHR. The aim of the service was to enable patients presenting at their GP practice with specific symptoms (outlined in a template) to be referred by the receptionist to their local community pharmacist for a 1:1 review of their symptoms and receive appropriate treatment.</p> <p>Front line staff within the GP practice would receive training from LPC colleagues to ensure that patients were referred appropriately and also provide an understanding of the patient pathway within the service. LPC representative advised that the service was in the process of being rolled out within NEL and a 'go live' date was yet to be agreed; 40 GP practices across NEL had shown an interest in the service so far. Whilst LPC representative who had led on the service was soon to leave his LPC role, LPC colleague provided assurance that the process to provide training would continue within the BHR GP practices who had shown an interest. It was understood that IT support for the service was yet to be finalised and LPC colleagues were currently liaising with IT partners to find a solution to enable effective communication between community pharmacy and GP practices.</p> <p>It was highlighted that there were two webinars arranged to inform on CPCS; Friday 12th November for PCN/practice pharmacy staff and Wednesday 17th November for wider practice staff. An update on the progression of the service was requested for a future meeting.</p> <p>Noted.</p>	<p>NEL LPC</p> <ul style="list-style-type: none"> - It was requested that details of how GP practices could obtain training to support the service be circulated - To share the template outlining the conditions which would inform on whether patients remained with the GP practice for review, or referred to their community pharmacist - To provide an update to committee at a future APC meeting
60.12	Update to BHR Home Oxygen Service Assessment & Review (HOS-AR) contact information	
	<p>MMT representative advised the committee that the above document had been updated to reflect the changes to NELFT HOS-AR team email addresses.</p> <p>Noted.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To upload the updated version to the BHR website
60.13	Revised BHR APC templates: Submission template and Shared Care template	
	<p>The committee were advised that the APC documents had been updated in line with the RMOG templates to standardise both the cover sheet and shared care template across all NEL CCG committees. It was agreed to share the templates directly with NELFT and BHRUT colleagues to ensure consistency within the BHR committees.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To share the templates with both NELFT and BHRUT colleagues

60.14	Any other business	
	None.	
	Next Meeting via MS Teams - Tuesday 18th January 2022 at 12.30	