

BHR Integrated Care Partnership (ICP) AREA PRESCRIBING COMMITTEES
Tuesday 22nd February 2022
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 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
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Clinical Services, Barking Havering and Redbridge University Trust (BHRUT)
Shilpa Shah (SS)	Chief Executive Officer, North East London (NEL) Local Pharmaceutical Committee (LPC)
Wajid Qureshi (WQ)	Lead Directorate Pharmacist – Barking & Dagenham, Havering and Redbridge, North East London Foundation Trust (NELFT)
Vicki Kong (VK)	QIPP Programme Pharmacist, BHR ICP
Saiqa Mughal (SM)	Prescribing Advisor (Redbridge), BHR ICP
Taruna Patel (TP)	Prescribing Advisor (Havering/Redbridge), BHR ICP
Mohamed Kanji (MK)	Prescribing Advisor (Havering), BHR ICP
Reema Patel (RP)	Prescribing Advisor (Barking & Dagenham), BHR ICP
Vikki Kamm (VKM)	Patient representative
Denise Baker (DB)	Business Manager, BHR ICP, minute taker

Apologies:

Lorraine Silver (LS)	Patient representative
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Attending:

Aman Sidhu-Rehnsi (ASR)	Lead Pharmacist children and Young People's Services, BHRUT
Navdeep Sahota (NS)	Prescribing Advisor- Vaccination Programme, BHR ICP

Item		Action
61.1	Welcome, introductions and apologies	
	A list of apologies was received as shown above and introductions were provided.	
61.2	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.	
61.3	Minutes of the last meeting	
	The minutes of the previous meeting (November 2021) were agreed as an accurate record. The redacted minutes for September 2021 were agreed subject to amendment.	MMT – to remove initials from page 6 of the redacted minutes

61.4	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)) MMT representative advised that the Memorandum of Understanding produced by Thurrock CCG had been shared by NELFT colleagues and this was to be considered for adoption by BHR. The updated MAAR charts (V4) were to be finalised and implemented by 1st April 2022 and therefore an implementation plan would need to be established and a method for uploading the templates to BHR GP practice systems agreed.</p> <p>Cinacalcet Shared Care Guidance for the treatment of primary hyperparathyroidism in adults when parathyroid surgery is clinically inappropriate (55.6) A response regarding funding was still awaited and therefore MMT representative informed the committee that to ensure patient care was not compromised, messages on the ScriptSwitch system would be reviewed to ensure NHSE indications were included in the messaging service going forward.</p> <p>Infliximab and Vedolizumab IV to SC (BHRUT) (56.5) BHRUT representative advised that a six-monthly review would take place in June 2022 and therefore a summary report would be shared with the committee at the July APC meeting.</p> <p>Health London Partnership – School Asthma guide (56.8) The meeting with HLP colleagues and the CYP Transformation Group had taken place to discuss amendments to the guide. Complete.</p> <p>Standardising the approach to prescription requests from pharmacy (LMC) (57.9) This workstream had been put on hold but would now recommence and a meeting re-convened to discuss the revised document.</p> <p>Approval to commission Dana I (Advanced Therapeutics) (59.6) MMT representative confirmed that the blueteq form to support the above device had been received. Complete.</p> <p>Shared Care concerns (59.14) MMT representative advised that the issue regarding the inclusion of dosing information in the DMARDS shared care letter had been raised at the recent BHRUT Medicines Optimisation Group (MOG). It was confirmed that the</p>	<p>LPC/MMT – refer action log for these items once BAU resumed</p> <p>MMT - To provide an update at the next meeting</p> <p>MMT - To review ScriptSwitch messages relating to the prescribing of Cinacalcet for the identified cohort of patients</p> <p>BHRUT - To provide summary report for consideration at July APC meeting</p> <p>MMT - To provide an update at the March APC meeting</p>

<p>letter was provided as an invitation for GPs to either accept or reject shared care and was not intended as a communication to provide dosing regimens for a patient. Dosing information would be provided to the GP via the clinic correspondence once shared care had been agreed. Complete.</p> <p>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 (60.7) MMT representative advised that the position statements had been shared with APC patient representatives. However, a response was still awaited and it was therefore suggested that the documents be shared with patient groups for comment. Patient representative confirmed that the email had been received and assured the committee that she would consider the documents and forward comments as soon as possible.</p> <p>National Targets and Choice: BHR ICP Interim Inhaler Guidance (60.8) It was confirmed that information messages had been added to ScriptSwitch to support the appropriate initiation of Salamol inhalers. The committee were advised that the London Respiratory Group were supporting Pan London comms which would include a patient information leaflet (PIL). Therefore, a BHR PIL would no longer need to be developed. Complete.</p> <p>RMOC: Shared Care protocols for consultation (part 5) (60.9) It was confirmed additional comments from the committee had been shared as part of the BHR feedback. Complete.</p> <p>RMOC: Shared Care protocols for consultation (part 6) (60.10) The drafted protocols for part six of the consultation had been circulated to committee members and any comments received had been shared as part of the BHR feedback. Complete.</p> <p>Community Pharmacy Referral Service (CPRS) (60.11) The Chief Executive Officer at NEL LPC was welcomed to the committee and advised that the CPRS was currently on hold whilst IT equipment was being purchased by the CCG to support system integration. A meeting of the Task and Finish Group was set to take place on Thursday 24th February and LPC representative would provide feedback at the next APC meeting. LPC representative also advised that training sessions organised by the Training Hub would provide support to practices to utilise the service; LPC members would visit practices to provide this training.</p> <p>LPC update (59.14) LPC representative advised the committee that her role within NEL LPC was a full-time post with additional support from a Pharmacy Services Manager and Office Manager. Complete.</p> <p>Update to BHR Home Oxygen Service Assessment & Review (HOS-AR) contact information (60.12)</p>	<p>Patient representatives</p> <ul style="list-style-type: none"> - To consider the positions statements and forward comments to MMT <p>LPC</p> <ul style="list-style-type: none"> - To provide an update on the service at the next APC meeting
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	<p>The updated BHR HOS-AR contact information had been uploaded to the BHR website. Complete.</p> <p>Revised BHR APC templates: Submission template and Shared Care template (60.13) The agreed templates had been shared with NELFT and BHRUT colleagues for future use. Complete.</p>	
61.5	Chairman's Action	
	None.	
61.6	Vitamin D for paediatrics (BHRUT)	
	<p>Lead Pharmacist for Children and Young People's Services at BHRUT was welcomed by the committee and explained the need to harmonise practice across North East London to treat vitamin D deficiency in children. The National Osteoporosis Society (NOS) document, Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management in Children and Young People had been shared and ASR highlighted the treatment regimens set out on page 9 of the document. The guidance was currently being used within Barts Health and it was requested that this source be adopted for use within BHRUT.</p> <p>The existing Vitamin D pathway (flowchart format) that had previously been approved by the committee was referred to and it was agreed that this should be updated to reflect the NOS guidelines; the NOS document to be included as an appendix.</p> <p>It was highlighted that as patients would be discharged to primary care, documentation would be referred to as transfer of care and not shared care.</p> <p>Approved as an appendix to revised Vitamin D pathway.</p>	<p>MMT/BHRUT</p> <ul style="list-style-type: none"> - MMT and BHRUT representatives to liaise to finalise treatment pathway which would incorporate a summary and the NOS document as an appendix for guidance
61.7	Prescribing of Long Acting Antipsychotic Injection Depots in primary care (NELFT)	
	<p>Lead Directorate Pharmacist from NELFT was welcomed to the committee and presented the paper which outlined the challenges that were currently being experienced within NELFT as a result of GPs reluctance to prescribe antipsychotic depots. This action has subsequently caused anxiety and distress to patients/carers and increased pressure on the workload of mental health teams. NELFT representative explained that whilst depots were considered as 'Hospital Only List' for some areas, shared care was available for patients in others across NEL.</p> <p>The committee raised concerns regarding clinical responsibility, monitoring and follow-up appointments with specialist clinicians for stabilised patients. Being able to recognise the continued stability of a patient and subsequent repatriation/clinical support that could be needed, was also raised as a concern.</p>	<p>NELFT</p> <ul style="list-style-type: none"> - To consider existing shared care within City & Hackney CCG as a starting point and work with GP representative to produce a draft shared care/clinical guidance document for consideration at a future APC meeting

	<p>It was highlighted that GPs would only be expected to prescribe the depot for the patients who are stable. With the development of a shared care document outlining the roles/responsibilities/monitoring/availability of specialist clinical support, it was hoped this would encourage more GPs to agree to prescribe enabling a more standardised approach to care for patients across NEL. NELFT representative advised the committee that a GP had offered to pilot shared care within his local PCN and provide feedback on learnings.</p> <p>Various considerations were raised such as the possibility of a PGD to enable a Community Psychiatric Nurse (CPN) or equivalent to prescribe and the development of the Pan London Formulary for Mental Health which would require specialist input from NELFT/ELFT colleagues.</p> <p>NELFT representative was keen for consultants and GPs to work together to produce a shared care document/clinical guidance and agreed to consider the existing shared care arrangements within City & Hackney CCG. GP representative agreed to support NELFT colleague with the production of documents for consideration at a future APC meeting.</p> <p>Shared care document to be developed.</p>	
61.8	Greener Inhalers resource update (BHR ICP)	
	<p>Following on from the presentation at the January APC meeting of the guidance to support PCNs in working towards the targets set as part of the national agenda to lower the NHS carbon footprint, MMT representative also advised that that it would be helpful to rename Appendix 1 to 'Key Inhaler Information'.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To rename Appendix 1 to 'Key Inhaler Information'
61.9	Smoking Cessation services (BHR ICP)	
	<p>MMT representative presented the updated information for smoking cessation services across BHR and explained that discussions across NEL were taking place to standardise services across the sector.</p> <p>BHRUT representative mentioned that a BHRUT working group had been established to support a smoking cessation service within the Trust and advised that an initial meeting in February had taken place with an aim to have the service available in April 2022. BHRUT representative confirmed that engagement with local authorities and community services had enabled a joint up service to be discussed and suggested that a representative from the committee may also wish to be involved; MMT and BHRUT representatives agreed to discuss this.</p> <p>It was confirmed that smoking cessation services were available for patients with neurodiversity and alternative approaches offered to support their needs.</p> <p>Approved.</p>	<p>MMT</p> <ul style="list-style-type: none"> - To discuss with BHRUT the possibility of an APC member joining the BHRUT working group

61.10	ScriptSwitch message review (BHR ICP)	
	<p>MMT representative presented a message that the committee were requested to consider and this was approved for addition to the ScriptSwitch system. MMT representative highlighted that the saving to support this message was approximately £10 and not £5.46 as stated on the submission paper.</p> <p>Approved.</p>	
61.11	North East London (NEL) Management of Infection Guidance for Primary Care	
	<p>MMT representative advised the committee that the information in the submitted version of the guidance had previously been reviewed for content and had been updated with the comments that had subsequently been received. MMT representative outlined the key changes and requested the committee approve as the current version. Any additional comments were to be considered when the guidance was next reviewed.</p> <p>A request was submitted for folliculitis to be considered as part of the next review of the guidance and any further comments should be forwarded to MMT for collation.</p> <p>Approved.</p>	<p>ALL</p> <ul style="list-style-type: none"> - To forward any comments to MMT for consideration as part of the next review of the guidance <p>MMT</p> <ul style="list-style-type: none"> - To include folliculitis as part of the next review
61.12	Comirnaty Adult vs Children comparison guide & Covid-19 Pfizer dosing guide (BHR ICP)	
	<p>Prescribing Advisor - Vaccination Programme, presented the above two documents to the committee which had been produced as quick reference guides for use within the BHR vaccination sites.</p> <p>MMT representative acknowledged Together First CIC, B & D GP Federation for allowing the adaption of the dosing guide by the MMT. BHRUT representative advised that a similar document had been produced within BHRUT to support the vaccination programme for 5-11year olds and page 2 of their inhouse summary outlined a 'clear down' process to minimise errors. BHRUT representative agreed to share this document with vaccination programme representative.</p> <p>Approved.</p>	<p>BHRUT</p> <ul style="list-style-type: none"> - To share the BHRUT inhouse summary document with MMT
61.13	Any other business	
	<p><u>Committee Name</u> – MMT representative suggested that the name of the APC be changed to reflect the 'place based/borough partnership' working that would commence once the NEL Integrated Care Board (ICB) was in place. It was agreed that members consider a name that could then be shared with BHRUT/NELFT and borough level colleagues for agreement.</p>	<p>MMT</p> <ul style="list-style-type: none"> - MMT representative to consider appropriate name for the APC and request agreement from NELFT/BHRUT/borough level colleagues
	Next Meeting via MS Teams - Tuesday 29th March 2022 at 12.30	