

**BHR CCGs AREA PRESCRIBING SUB-COMMITTEES**

Tuesday 17<sup>th</sup> April 2018

Boardroom B, Becketts House, Ilford, IG1 2QX

<b>PRESENT</b>	
Dr G Kalkat (GK)	Chair, GP, Clinical Director Prescribing Lead, Barking & Dagenham (B&D) Clinical Commissioning Group (CCG)
Oge Chesa (OC)	Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge CCGs (BHR CCGs)
Belinda Krishek (BK)	Chief Pharmacist, BHR CCGs
Heather Walker (HW)	Chief Pharmacist, North East London Foundation Trust (NELFT)
Dr U Haque (UH)	GP, Local Medical Committee (LMC) Barking, Dagenham & Havering
Dr S Raza (SR)	GP, Clinical Director Prescribing Lead, Redbridge CCG
Dr A Tran (AT)	GP, Clinical Director Prescribing Lead, Havering CCG
Dinesh Gupta (DG).	Senior Principal Pharmacist, Barking, Havering and Redbridge University Hospitals (BHRUT)
Sanjay Patel (SP)	QIPP Pharmacist, BHR CCGs
Dr K Kugathas (KK)	GP, Londonwide (Redbridge) LMC Representative
Mohamed Kanji (MK)	Prescribing Advisor, BHR CCGs
Julia Taylor (JT)	Prescribing Adviser, BHR CCGs
Salma Wilson (SW)	Prescribing Adviser, BHR CCGs
Denise Baker (DB)	Business Manager, BHR CCGs
<b>APOLOGIES</b>	
Diane Meid (DM)	Lay member
Imran Jan (IJ)	Pharmacist, North East London (NEL) Local Pharmaceutical Committee (LPC)
<b>IN ATTENDANCE</b>	
Jennifer Chan	Specialist Pharmacist, Saint Francis Hospice
Dr K Bannerjee	Consultant Paediatrician, BHRUT
Dr R Johns	Consultant Respiratory Physician, BHRUT

40.1	<b>Welcome / Introduction / Apologies</b> A list of apologies was received as shown on page 1. Introductions were provided.	<b>Action and by whom</b>
40.2	<b>Declarations of potential conflicts of interest</b> Completed declarations of potential conflicts of interest were requested. LMC representative advised the committee of her involvement with Astra Zeneca and presented the committee with a duly completed form.	<b>MMT</b> - Submit the completed declaration to the CCG Governance Team
40.3	<b>Minutes of previous meeting</b> The minutes of the previous meeting were agreed subject to amendment. The redacted minutes for the December meeting were agreed.  <b>Approved for addition to the websites.</b>	<b>MMT</b> - Page 3, first paragraph to include 'in other CCGs' after the word 'practices' in the last sentence - Page 7, Item 39.14 Free Style Libre item, penultimate paragraph to read ...London wide availability of the FreeStyle Libre in Trusts who had the necessary processes in place to support local implementation for patients who met the set criteria - Page 9, Item 39.22 b) to amend the last sentence to state ... patients with hypertriglyceridaemia who have a proven intolerance to fibrate treatment (either as monotherapy or in combination with a statin or, on the advice of a lipid specialist in severe hypertriglyceridaemia (triglyceride levels $\geq 10$ mmol/L)
40.4	<b>Matter Arising</b>	
	<b>Safe and Effective Repeat Prescribing and Repeat Dispensing (LPC) (35.4,35.14)</b> An email communication had been forwarded to the North East London Local Pharmaceutical Committee (NEL LPC) office on the 17 <sup>th</sup> April 2018 requesting an update for the action that had been outstanding since April 2017.  <b>Implementing cost effective prescribing of calcium and ergocalciferol (36.17)</b> BHRUT representative advised that the Electronic Discharge System (EDS) at BHRUT had been amended to request the prescribing of calcium and ergocalciferol in generic form only.  <b>Guidelines for the Management of Common ENT conditions in Primary Care including additional information to be considered (37.6)</b> BHRUT representative had confirmed that Naseptin was on the BHRUT formulary for Epistaxis. Havering CCG representative requested an update regarding the use of Flumetasone/Cloquinol in the guidelines and Medicines Management representative agreed to forward the response received from BHRUT ENT Consultant. Upon confirmation from BHRUT ENT Consultant that the version received had all the necessary referencing the document would be finalised and endorsed with APC approval.  <b>Patient Group Direction (PGD) for the supply and administration of Varenicline (Champix®) by community pharmacists including Nicotine Replacement (NRT) Vouchers (NELFT) (39.4)</b> It was confirmed that liaison was underway for smoking cessation to be included for discussion at a future Redbridge Protected Learning Event (PLE).	<b>NEL LPC</b> - To provide an update to the outstanding action from April 2017  <b>MMT</b> - Medicines Management representative to forward response from BHRUT ENT Consultant relating to the use of Flumetasone/Cloquinol in the guidelines

	<p><b>Shared Care within BHR CCGs (39.4)</b> It was confirmed that a formal letter had been forwarded via email to BHR CCGs Director of Primary Care Transformation on 10<sup>th</sup> April 2018 and due to annual leave a response was awaited. Once received an update would be provided at the next APC meeting.</p> <p><b>Varicella Zoster vaccination in primary care (IBD patients) (39.4)</b> A response had been received from Contracts (Acute), Director of North East London Commissioning Support Unit (NELCSU) advising that if Varicella Zoster was not an excluded High Cost Drug and had previously been administered by BHRUT then it would be included in the relevant national tariff. BHRUT representative requested a copy of the communication for information purposes.</p> <p><b>DMC Patient Group Directions (PGDs) (39.6)</b> Updated versions of the both documents had been received.</p> <p><b>CHICO RCT: Children’s Cough Randomised Controlled Trial (NIHR) (39.7)</b> Medicines Management representative had advised of the APC’s decision to express an interest in the trial with no obligation to continue in the future when full CHICO trial details were published in Q1-Q2 2018/19. Further updates would be made available to the committee as and when they were available.</p> <p><b>PBR Excluded Medicines Challenges Q1 2017-18 (39.13)</b> BHRUT representative requested that he copied into all emails relating to challenges and the subsequent responses forwarded to NELCSU; Medicines Management representative confirmed this arrangement was now in place.</p> <p><b>Implementation of FreeStyle Libre prescribing across the NHS in London</b> Medicines Management representative advised that BHRUT had concerns regarding funding of the provision of the initial device. Medicines Management representative mentioned that costs of NICE Technical Appraisals (TAs) are absorbed by the health economy, inclusive of the Trust. However, FreeStyle Libre was not a TA and any concerns regarding resource allocation should be formally raised by BHRUT via the contracts route.</p> <p>Whilst BHRUT endocrinologists were already familiar with FreeStyle Libre and had clinic patients who had privately funded the device, confirmation was awaited as to when local NHS implementation for all patients who met the criteria would commence. BHRUT representative mentioned that paediatric endocrinologists had a cohort of children that meet the criteria. The committee was unsure if paediatrics were included in the figures previously considered.</p>	<p><b>MMT</b></p> <p>- Medicines Management representative to forward the response from NELCSU to BHRUT Representative for information</p> <p><b>BHRUT</b></p> <p>- To advise when the FreeStyle Libre will be implemented within BHR CCGs for NHS patients meeting the criteria</p>
40.5	<p><b>Chairman’s Action</b></p>	
	<p>The following items had received approval by Chairman’s action and were circulated to the group for information.</p> <ul style="list-style-type: none"> <li>i. BHR CCGs positions statement on the prescribing of FreeStyle Libre <b>27.02.18</b></li> <li>ii. Letter to Primary Care regarding future shared care arrangements <b>10.04.18</b></li> </ul>	
	<p><b>Agenda Items</b></p>	

<p><b>40.6</b></p>	<p><b>GP Referral Form (NELFT)</b>          NELFT representative advised that the above form had been produced to advise GPs of district nurses treatment/activity with patients. A previous incident had occurred due to a lack of communication between clinicians and therefore this document was to ensure information regarding patient treatment was shared.</p> <p>Concern was raised that the title 'referral' suggested that the GP was being requested to complete an episode of care for commissioned activity so it was suggested that the title be changed to 'GP Notification Form. NELFT representative was asked to check whether a patient was to receive a copy of the form from the district nurse when it was completed and if it could be clarified if the form was to be used by district nurses only.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- All references to the word 'referral' to be amended to 'notification'</li> <li>- Page 2             <ul style="list-style-type: none"> <li>❖ Include section for 'Management Plan (if applicable)'</li> <li>❖ First tick box, Add '(usually 48 hours)' to the end of the wording</li> <li>❖ Tick box 5, wording to be replaced with 'The patient has difficulty swallowing medication'</li> </ul> </li> </ul>
<p><b>40.7</b></p>	<p><b>Update to Shared Care Guidelines on Melatonin for Sleep Disorders/Difficulties in Children until their 18<sup>th</sup> Birthday (NELFT)</b>          The above shared care was considered and amendments were requested. Concern was raised regarding the request for clinicians to specify a brand/manufacturer when prescribing and NELFT representative explained that this had been included due to information that had been received from Kent Community Health NHS Foundation Trust relating to a cost saving that had been made. Further details were requested to support the statement if this request was to remain in the document.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- Page 3, Patient pathway             <ul style="list-style-type: none"> <li>❖ Point 14, wording in brackets to state 'at least annually'</li> <li>❖ Point 14e. wording to be amended to state 'Special order liquid medicines are unlicensed medicines and should ONLY be used where absolutely necessary. Capsules should not be used.'</li> <li>❖ Point 14e. Remove the following words 'the prescription must state the brand to be used.'</li> </ul> </li> <li>- Page 7, NHS Cost and Choice of Product             <ul style="list-style-type: none"> <li>❖ First paragraph, remove the following wording 'Prescribers are strongly advised to specify a brand or a manufacturer'</li> <li>❖ Point iii. Amend dose of essential melatonin oral solution to 5mg/5ml</li> <li>❖ Table outlining products costs to be updated if possible</li> </ul> </li> </ul>
<p><b>40.8</b></p>	<p><b>Update to Shared Care Guidelines for the Treatment of Attention Deficit Hyperactivity Disorder (NELFT)</b>          The above shared care document was considered and amendments were requested. Concern was raised regarding the responsibility of patient monitoring and it was agreed that NELFT representative would check whether children return to the Child and Adolescent Mental Health Services (CAMHS) specialist for a six monthly review.</p> <p><b>Not approved.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- Page numbers to be added</li> <li>- Page 2,             <ul style="list-style-type: none"> <li>❖ Point 9 - To add the following wording after guanfacine (specialist prescribing only)</li> <li>❖ Point 10, amend Nice to be in capital lettering</li> </ul> </li> <li>- Page 9,             <ul style="list-style-type: none"> <li>❖ Point 5, to clarify if continued monitoring of height, weight and blood pressure are to be taken over in primary care depending on frequency of follow up review by CAMHS specialist</li> <li>❖ Point 7, amend 'advice' to 'advise'</li> <li>❖ Page 10, Point 9 to be deleted as not possible by GP</li> </ul> </li> </ul>

<p><b>40.9</b></p>	<p><b>Update to Shared Care Agreement Letter (NELFT)</b>  The above document had been updated and the committee considered the revised version. A general discussion arose as to whether shared care could be assumed if a response was not received acknowledging the documents. Although it was apparent that previous discussions had been had regarding this concern, a suitable resolution for all was yet to be found.</p> <p>Assurances could not be provided that the shared care request had been received by the GP practice and therefore it was felt that all shared care should be acknowledged and formally accepted before it could be assumed that shared care was agreed to. However, BHRUT representative advised that when shared care is faxed by BHRUT a follow up telephone call is made to ensure that the documents are received; this mechanism did not confirm that the GP had seen and considered the documents though.</p> <p>It was suggested that all shared care documents should be emailed directly to the responsible GP which would also support the new governance requirements. Nhs.net accounts were only to be used for communication which included patient identifiable data. NELFT representative advised that NELFT IT was not able to support this requirement due to its slow delivery to provide all NELFT staff members with nhs.net accounts. A further discussion regarding NELFT governance processes was to take place and an update would be provided to the committee at a later date.</p> <p>It was also mentioned that a safe mechanism needed to be in place to support GP practices with their CQC visits as shared care documents would need to be evidenced as part of the inspection.</p> <p><b>Not concluded upon.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- To remove the last sentence regarding the assumption of support to shared care</li> </ul>
<p><b>40.10</b></p>	<p><b>Medicines at home: safe storage and disposal when no longer needed (Saint Francis Hospice)</b>  The Specialist Pharmacist at Saint Francis Hospice, was welcomed to the meeting and presented the above paper for the committee to consider. The leaflet was to support patients, their family and carers with the disposal of medicines once they were no longer required and had already been consulted upon by service users and the wider multi-disciplinary team.</p> <p>NELFT representative advised that the document would need to be considered at the Community Health Services (CHS) Drugs and Therapeutic Group (DTG) before consent could be granted for the NELFT logo to be added to the document.</p> <p>Concern was highlighted that some community pharmacies may refuse to take medication returns for disposal. However this did seem to be very few and should this occur an alternative pharmacy was to be tried. Havering CCG Prescribing Lead asked if the excessive quantities of prescription medication could be reduced to avoid waste. However The Specialist Pharmacist at Saint Francis Hospice advised that in line with national guidance, more than sufficient medication was to be prescribed to ensure a 'safety net' was available for patients.</p> <p>It was agreed that once the document had been endorsed with the NELFT logo, it should be included as a future APC agenda item to enable a discussion to take place around the implications on use by GPs and community pharmacists.</p> <p><b>To be re-submitted as a future APC agenda item.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- NELFT Representative to ensure the leaflet is considered at the next CHS DTG</li> <li>- The Specialist Pharmacist at Saint Francis Hospice To re-submit to the APC once the document has been considered at the CHS DTG and endorsed with the NELFT logo</li> </ul>

<p><b>40.11</b></p>	<p><b>Reducing Eflornithine 11.5% Cream (Vaniqa®) Prescribing</b></p> <p>Medicines Management representative explained that although the above medication was non-formulary within BHRUT, current prescribing had been identified within BHR CCG practices. Subsequently a protocol has been produced to review the cohort of patients and stop all prescribing of Eflornithine 11.5% (Vaniqa®) cream. It was agreed that the recommendation listed in the document that requested prescribers to review prescribing and discontinue within four months was to be removed.</p> <p>Concern was raised that Barts Health NHS Trust currently had Vaniqa® cream on formulary. Therefore the APC decision was to be notified to the Trust with the intent that the medication should either be removed from their formulary or all prescribing kept at secondary level and not transferred to primary care within BHR.</p> <p>It was requested that the last sentence on the letter be removed. Medicines Management representative advised that an update to the letter had since been made and the revised version would be submitted for the APC to consider at the next meeting. A position statement was also requested and this too would be produced for consideration at the next APC meeting.</p> <p>The following recommendations were approved:</p> <ul style="list-style-type: none"> <li>• It is important that a patient is properly assessed and any underlying causes addressed before pharmacological therapy is considered as hirsutism can result from serious underlying disorders (e.g. polycystic ovary syndrome, androgen secreting neoplasm) or certain medications (e.g. ciclosporin, glucocorticoids, Minoxidil, phenobarbitone, phenytoin, combined oestrogen-androgen hormone replacement therapy)</li> <li>• Promote self-funded cosmetic treatments for reduction in hair growth or hair removal (e.g. shaving, plucking, depilatory cream, laser treatment, and electrolysis) as the primary options for the majority of patients with hirsutism</li> <li>• Prescribers are requested to review prescribing of Eflornithine 11.5% (Vaniqa®) cream</li> <li>• Prescribers are <b>not</b> to undertake any new requests for Eflornithine 11.5% (Vaniqa®) cream</li> <li>• There are <b>no exceptions</b> to be taken into consideration</li> <li>• Agree Eflornithine de-prescribing protocol</li> </ul> <p><b>All recommendations and protocol approved.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Recommendations, bullet point 3, to remove the following wording 'and discontinue at four months'</li> <li>- Medicines Management representative to produce a position statement on behalf of BHR CCGs to support the stopping of prescribing for consideration at the next APC meeting</li> <li>- Medicines Management representative to submit the revised letter for consideration at the next APC meeting</li> <li>- Medicines Management representative to liaise with Barts Health NHS Trust and advise of the decision regarding Eflornithine 11.5% (Vaniqa®) cream and request that this medication is removed from their formulary or kept to Hospital only</li> <li>- ScriptSwitch messages to be used as an enabler</li> </ul>
<p><b>40.12</b></p>	<p><b>Promotional campaign for patients to bring their medicines with them when coming to the hospital (BHRUT)</b></p> <p>BHRUT representative explained that currently only 34% of patients attending BHRUT brought their own medicines with them to the hospital and therefore a promotional campaign had been produced to increase patient, public and staff awareness. The committee was requested to support the initiative by agreeing to BHR GP practices displaying the various items of promotional material which included a video, leaflets and posters.</p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To email/deliver the relevant resources to MMT</li> <li>- To request that the Trust's communication team contact the equivalent team for BHR CCGs with the relevant social media messages</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To forward an email to BHR practices advising of campaign</li> </ul>

	<p>BHRUT representative confirmed that the Trust would ensure that patients left the hospitals with the medications they brought with them so that additional prescribing would not be required. A list of care homes was also held by BHRUT which advised on which homes were happy to receive medicines in original containers on discharge and those that were not; supplies of medications were adjusted accordingly.</p> <p>The committee agreed that all promotional materials should be circulated and it was suggested that BHRUT also contact the BHR communications team with the relevant twitter/facebook messages. It was suggested that the Medicines Management Practice Support Officers (PSOs) could support the campaign by delivering the promotional materials to the BHR GP practices. This was agreed and an email advising of the campaign would be forwarded to all BHR practices (including the promotional materials).</p> <p><b>Option 2 was agreed.</b></p>	<ul style="list-style-type: none"> <li>- To arrange for PSOs to provide the promotional materials when visiting GP practices</li> </ul>
<p><b>40.13</b></p>	<p><b>Drugs Normally for Hospital Only Prescribing - commencement of review of items to be considered for addition and /or removal</b></p> <p>The following documents were considered:</p> <ul style="list-style-type: none"> <li>• Drugs for Hospital Only prescribing</li> <li>• Changes to List agreed October 2017</li> <li>• Items to be considered for addition and removal template</li> </ul> <p>Medicines Management representative requested that comments regarding the current 'Drugs Normally for Hospital Only Prescribing' be forwarded to her for collation which could then be discussed at the next Hospital Only List Review Group. An email providing a deadline submission date would be circulated to all committee members.</p> <p>Concerns were raised regarding the confusion that can arise amongst clinicians regarding those drugs listed as 'hospital only' use and those that could be part of shared care arrangements. It was stressed that communication between both secondary and primary care clinicians should be encouraged to combat this. Medicines Management representative suggested that a 'net' formulary could be a consideration for the future.</p> <p><b>Noted.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Medicines Management representative to forward an email to the committee requesting any amendments within a set deadline</li> </ul> <p><b>All</b></p> <ul style="list-style-type: none"> <li>- To forward any comments regarding the current list to BK for collation and discussion at the next Hospital Only List review meeting</li> </ul>
<p><b>40.14</b></p>	<p><b>Use of Ciprofloxacin eye drops, off label for Acute Otitis Externa (AOE) (NELFT)</b></p> <p>NELFT representative explained that this item had been submitted following a recommendation by a clinician to a ward patient to use the above. Formal recognition was therefore required to support any further requests. BHRUT were supportive of the request as they too used Ciprofloxacin eye drops, off label for AOE in a ward scenario.</p> <p>It was noted that the ENT guidance that informed this request was not yet an approved document.</p> <p>It was suggested that the request should be directed to the NEL Antimicrobial Resistance Strategy Group where comments from both NELFT, BHRUT and other stakeholders could be considered.</p> <p><b>Not approved.</b></p>	<p><b>NELFT</b></p> <ul style="list-style-type: none"> <li>- To request that this item is referred to the NEL AMRSG for inclusion in the agenda for the next meeting</li> </ul>

40.15	<p><b>Update to Shared Care Guideline for the treatment of symptomatic vitamin D deficiency in infants, children and adolescents (BHRUT)</b>  Consultant Paediatrician at BHRUT, was welcomed to the meeting and advised that the guidance had received only one update relating to the increase in the hydroxyvitamin D level from 25 to 30. The Consultant Paediatrician was requested to check with the BHRUT biochemist to establish if the appropriate referencing could be included in the document to support the revision. It was acknowledged that there would be an increase in the number of patients who would be identified as vitamin D deficient as a result of this amendment to the guidance.</p> <p>A discussion took place as to whether the shared care document was required and whether a form of guidance would be more appropriate, similar to the Vitamin D guidance that has been proposed for adults. Medicines Management representative agreed to liaise with the Consultant Paediatrician regarding the production of guidance using the existing adult guidance as a template.</p> <p>It was confirmed that clinicians were not to prescribe for patients who require maintenance treatment and that these patients should be advised to buy over the counter (OTC) products to maintain their levels of Vitamin D.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- Page 3, point A, remove LFT as part of the tests for suspected vitamin D deficiency as a need within primary care for this particular test could not be established</li> </ul>
40.16	<p><b>Update to Shared Care Guideline for use of Human Growth Hormone (Somatropin) for the treatment of growth failure in Children in accordance with NICE TA 188 (2010)</b>  Consultant Paediatrician at BHRUT advised the committee that the shared care document had been updated to align with NICE guidance.</p> <p>A couple of typing errors were highlighted for correction. BHRUT representative confirmed that the products listed in the document had been approved at the BHRUT Medicines Optimisation Group (MOG) and added to the Trust's formulary, allowing patients to choose their preferred treatment.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- Page numbers to be added to the document</li> <li>- Page 1, first paragraph, amend 'Pharmacia' to 'Pfizer' (also on Page 6) and 'Ipsen' to 'Ipsen'</li> </ul>
40.17	<p><b>Azathioprine &amp; Mycophenolate Mofetil in Neurology Shared Care Guideline (BHRUT)</b>  The above shared care document was presented to the committee following its approval at the February MOG meeting.</p> <p>It was agreed that a ScriptSwitch message would be added to the system to highlight the need for patients to ensure that adequate barrier contraception was taken by both males and females when taking either medication.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- Page numbers to be added to the document</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- ScriptSwitch to be used for contraception message</li> </ul>
40.18	<p><b>Methotrexate SCG for the treatment of Psoriasis, Crohn's Disease, Ulcerative Colitis &amp; Pulmonary Sarcoidosis (BHRUT)</b>  Consultant Respiratory Physician at BHRUT, was welcomed to the meeting and advised the committee of the additions to the existing document to include shared care arrangements to support patients suffering from pulmonary sarcoidosis.</p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- Page numbers to be added to the document</li> <li>- Page 4, Monitoring by GP, remove P3P from the dermatology note</li> </ul>

	<p>Whilst the request for P3P monitoring was not part of the additions made to the document on this occasion, it was reiterated that this monitoring was not to be undertaken by GPs and should be removed from the document. BHRUT representative was aware of the previous request by the committee for this deletion and would refer back to the dermatology team.</p> <p><b>Approved subject to amendment.</b></p>	
40.19	<p><b>Azathioprine &amp; Mycophenolate Mofetil in Respiratory Medicine SCG (BHRUT)</b>  Consultant Respiratory Physician at BHRUT presented the above shared care guideline to the committee and advised that there would be a very small number of patients (4-5) that the document would be relevant for.</p> <p><b>Approved subject to amendment.</b></p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- Page numbers to be added to the document</li> </ul>
40.20	<p><b>Update to the Emergency Oxygen Use in GP Practices Audit Guideline (BHR CCGs)</b>  Medicines Management representative presented a revised version of the above document which had been amended to include additional information relating to 'Cylinder Valves'. The Patient Safety Alert in January 2018 (details provided in item 40.21) had highlighted a risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders. Therefore additional wording to support GPs when using emergency oxygen in the practice was now included in the guideline.</p> <p><b>Approved.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To upload the revised guidance to the BHR CCG websites</li> </ul>
40.21	<p><b>Patient Safety Alert: Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders (09.01.18)</b>  The above alert had been circulated to the committee to ensure that all organisations had received the document and completed the necessary actions. Confirmation was received from NELFT and BHRUT colleagues that action had been taken.</p> <p><b>Noted.</b></p>	
40.22	<p><b>Web presence for the Regional Medicines Optimisation Committees (RMOC) – discussion as to how BHR CCGs will feed into the functionality of the RMOC web presence and agreement to the addition of a web link to the identified page</b>  Medicines Management representative advised the committee of the new RMOC web presence and the committee agreed to the web link being added to the BHR websites.</p> <p><b>Approved.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To add the web link to each CCG website</li> </ul>
40.23	<p><b>Any other business/for information</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To share details of any change in the reporting responsibilities for the committee</li> </ul>

<p><u>Terms of Reference (ToR)</u> – the ToR content currently made reference to the Executive Committee in its 'reporting responsibilities', however new arrangements were being considered and subsequent changes would be required to this section of the document.</p> <p>Paediatric Insulin pumps and continuous glucose monitoring guidance and Body Image event – Medicines Management representative advised the committee of new guidance that had been received which advised that CCGs were to become the responsible commissioner for paediatric insulin pumps and continuous glucose monitoring. It was requested that Chairman's action be sought to finalise a decision, once background information had been prepared which would include financial impact assessment and any QIPP opportunity.</p> <p><b>The process of Chairman's action was agreed to.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To prepare the impact assessments and provide options for the committee to consider and decide upon via Chairman's action</li> </ul>
<p><b>Date of next meeting:</b> Tuesday 26th June, 12.30 at Maritime House, 1 Linton Road, Barking, Ilford, IG1 2QE</p>	