BHR CCGs AREA PRESCRIBING SUB-COMMITTEES Tuesday 12th December 2017 Boardroom, 3rd Floor, Imperial Offices, 2-4 Eastern Road, Romford, RM1 3PJ	
PRESENT	
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
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).	Assistant Chief Pharmacist, Barking, Havering and Redbridge University Hospitals (BHRUT)
Heather Walker (HW)	Chief Pharmacist, North East London Foundation Trust (NELFT)
Sanjay Patel (SP)	QIPP Pharmacist, BHR CCGs
Emma Gardner (EG)	QIPP Pharmacist, BHR CCGs
Julia Taylor (JT)	Prescribing Advisor, BHR CCGs
Mohamed Kanji (MK)	Prescribing Advisor, BHR CCGs
Saiqa Mughal (SM)	Prescribing Adviser, BHR CCGs
Denise Baker (DB)	Business Manager, BHR CCGs
APOLOGIES	
Dr K Kugathas (KK)	GP, Londonwide (Redbridge) Local Medical Committee (LMC) Representative
Dr Pranab Gyawali (PG)	Consultant Gastroenterologist and General Physician, BHRUT
Imran Jan (IJ)	Pharmacist, North East London (NEL) Local Pharmaceutical Committee (LPC)
Sarla Drayan (SD)	Chief Pharmacist, BHRUT
Olufunlola Apakama (OA)	Prescribing Advisor, BHR CCGs, representing Barking & Dagenham CCG
IN ATTENDANCE	
Stuart Hill (SH)	Stuart Hill, Senior Clinical Pharmacist, IBD and Hepatology
Busola Daramola (BD)	Chief Pharmacist, PELC

38.1	**Welcome / Introduction / Apologies** A list of apologies was received as shown on page 1. Introductions were provided.	**Action and by whom**
38.2	**Declarations of potential conflicts of interest** Completed declarations of potential conflicts of interest were requested. None were received. Havering Prescribing Advisor advised that he was the Chief Pharmacist at Crescent Pharmacy which was referred to in item 38.6 End of Life and Palliative Care: Quick Reference Guide and this was acknowledged by the Chair.	
38.3	**Minutes of previous meeting** The minutes of the previous meeting were agreed subject to amendment. **Approved for addition to the websites.**	**MMT** - Item 37.8, fourth paragraph, replace 'single intervention' with 'case study'
38.4	**Matter Arising**	
	Disease Modifying Anti-Rheumatic Drugs (DMARDs) Share Care Guideline (SCG) BHRUT representative advised that the BHRUT Consultant Rheumatologist was still awaiting a meeting with primary care to discuss the potential to monitor patients within GP practices. Both Medicines Management Representative and APC Chair referred to meetings that had already taken place with primary care colleagues to discuss financial support for shared care and it was suggested that the BHRUT Consultant Rheumatologist should be invited to attend the next meeting that was to be arranged in January 2018. It was agreed that the Primary Care team would be requested to consider two parts to this meeting to enable the BHRUT Consultant Rheumatologist attendance for the relevant discussion. **Factsheet: Sacubitril valsatrtan for chronic heart failure with reduced ejection fraction** BHRUT representative advised that he would re-send the factsheet that had been updated with the necessary contact details. **NELFT Podiatry Services – management of Diabetic Foot and referral letter to GPs/A & E** The committee were advised that a diabetic pathway for podiatry services was still awaited. The delay due to the lack of a vascular surgeon to support the required service was yet to be resolved. It was therefore agreed that a formal letter requesting a written response on behalf of the committee would be forwarded to the Planned Care team. For the present time patients would continue to be referred to A & E for appropriate treatment. **Specials Guide** The document had been finalised however the process of updating ScriptSwitch with appropriate messages to support the guide was ongoing. **Implementing cost effective prescribing of calcium and ergocalciferol** BHRUT Representative was to provide Medicines Management representative with details on how the prescribing of alternative medication with the same affect to calcium and ergocalciferol could be addressed by the Trust.	**MMT** - Medicines Management representative to liaise with Sarah See to arrange for the next shared care meeting to be in two parts and ensure that the date and time once finalised is advised to BHRUT Consultant Rehuamtologist **BHRUT** - BHRUT representative to resend the updated factsheet **Chair** - To forward a formal letter to the Planned Care team requesting a written response to the delay in facilitating the diabetic foot pathway **MMT** - To ensure that ScriptSwitch is updated with the required messages by February 2018 **BHRUT** - BHRUT representative to advise Medicines Management representative of prescribing arrangements as soon as possible

	Vitamin drop/tablet supplies – Healthy Start NELFT representative had provided copies of the following documents: • List of clinics supplying vitamin drops/tablets to babies and women within NELFT • Healthy Start WOMEN'S Vitamin Receipt Form • Healthy Start CHILDREN'S Vitamin Receipt Form • Vitamin D: Are you getting enough? **The supply of Chlorphenamine** It was agreed that confirmation of outcomes from the Phase II 'Spending NHS Money Wisely' should be awaited before progressing further with the recalling of relevant PGDs by NELFT/PELC colleagues. HW advised that an imbalance in the service was already occurring due to confusion and subsequently patients were not receiving appropriate items. **Apomorphine Shared Care Guidelines for Patients with complex Parkinson's disease suitable for therapy and supporting email relating to infusion lines and needles** NELFT representative advised that they now had an amended version of the above shared care guideline which advised that all ECGs were to be conducted by the Acute Trust and would not be requested to be undertaken within primary care. The revised document would be considered at the next APC meeting in February and practices would be notified of this change to the shared care guidelines via MMT newsletter, CCG websites and the prescribing forums. **Formulary addition of Acapella Choice** The COPD working group was yet to feedback regarding the use of PEP devices and any preferred choice.	**NELFT/PELC** - Recall all relevant PGDs once the outcomes of Phase II of 'Spending NHS Money Wisely' is published **NELFT** - To submit the revised shared care guideline for consideration at the next APC meeting in February **MMT** - To provide feedback at the February APC meeting
38.5	**Chairman's Action**	
	The following item had received approval by Chairman's action and was circulated to the group for information. ❖ FreeStyle Libre Prescribing Guidance – temporary position statement whilst awaiting further information: **Approved 27.10.17**	
	Agenda Items	
38.6	**End of Life and Palliative Care: Quick Reference Guide** Due to numerous updates the above document was to be re-considered by the committee. It was confirmed that any previous concerns relating to stock availability of the morphine injection had been resolved. Several amendments and clarifications were requested to the document. **Approved subject to amendment.**	**NELFT** - The following amendments/clarifications were required to the document: • Pages 6/7 clarify doses referred to as hourly or four hourly • Page7, first bullet point ❖ Metoclopramide statement, doses to be confirmed for syringe driver

		❖ Levomepromazine statement, doses to be checked for syringe driver • Page 10, It was requested that the compatibility of drugs mixed in syringe drivers should be referred to and reference made to the separate guidance that is available • Page 17, ❖ Symptom 1, Subcutaneous PRN column, there appears to be no difference between 1 hourly vs 4 hourly ❖ Symptom 2, drug column, move Levomepromazine to 1st line at the top stating the others as exceptions ❖ Symptom 3, Levomepromazine, Subcutaneous PRN column, dose to be amended to 6.25mg up to TDS • Page 20, ❖ remove '1 box in stock' from the morphine injection columns for Crescent Pharmacy ❖ Amend pharmacy email addresses to nhs.net addresses where possible • Page 24, Appendix 1, heading, correct spelling of opioid and remove apostrophe from reference's **MMT** - Share nhs.net email addresses including generic ones for community pharmacies referred to in the document
38.7	**Prescribing Dilemmas: A Guide for Prescribers** The above guidance to support prescribing in general practice had been prepared by Barking & Dagenham Prescribing Advisor and was well received by the committee. It was requested that ScriptSwitch messages be added to the system to support the guidance for certain areas such as fertility treatments. **Approved subject to amendment.**	**MMT** - The following amendments/clarifications were requested to the document: • Page 7, add the following statement 'Where there is an established body of evidence to support off label prescribing then you can do so.' • Page 11, Fertility Treatment, amend 'internet' to 'intranet' **MMT** - Add ScriptSwitch messages to support implementation of relevant areas of the document
38.8	**Guideline for the Provision of Adrenaline Auto Injectors for Anaphylaxis by General Practitioners** Medicines Management representative had updated the previously produced guidance to incorporate a summary, patient leaflets/videos and MHRA guidance. The question was raised as to whether schools (school nurses) had been informed of the guideline and Medicines Management representative advised that as this document was in response to national guidance all schools would have been made aware. A concern had been raised as to how schools were to obtain the devices however a process	**MMT** - The following amendments were requested to the document: • Page 1, ❖ To highlight the NB note in the Recommendations box for Children by placing in bold text ❖ General principles, statement five, amend the wording to read 'It is the parent and or careers responsibility to obtain further auto

	was in place. A template letter to support GPs with any requests made to them by schools for the devices was requested and could be included as Appendix 1 in the guidance. **Approved subject to amendment. Letter to be produced and Chairman's action to be requested for approval.**	injectors for anaphylaxis from their GP for replacement after use and before the expiry date' • Page 2, Prescribing section, statement two, add the word 'are' to the sentence • Page 3, Using emergency AAIs in schools, add reference to template letter which is to be included as Appendix 1 • Produce template letter in support of communication with schools
38.9	**Guidance for prescribing of disposable pen needles** Medicines Management representative presented the above guidance which was to support GP practices with the prescribing of disposable pen needles by identifying the most cost effective brands for pre-filled and reusable pen injectors. Concern was raised regarding the quality of the products and it was highlighted that Medicines Healthcare Regulatory Agency (MHRA) were the responsible organisation for ensuring appropriate quality checks were conducted on products; all suggested products met the MHRA requirements. It was acknowledged that the pen needle brands highlighted were similar to products by the same manufacturer and therefore GPs would need to be vigilant in their prescribing to ensure that the cost effective product was prescribed. For example, the Omincan Fine 31 gauge needle cost £5.95 per 100, whilst the Omincan Fine 32 gauge cost £3.95 per 100 and was included in the approved list. The information relating to the disposal of sharps was found to be useful, however concern was raised as to how patients would be informed of the process and important contact details. It was agreed that a patient FAQ leaflet should be produced which could be provided to the patient by the GP. A message was also to be added to ScriptSwitch in support of the needle choices and as a reminder to GPs to inform the patient of disposal arrangements and provide the FAQ leaflet. It was to be noted that all providers were to make available safety pen needles which incorporated automatic safety locks for their staff to avoid needle stick injury; these should not be prescribed by GPs. **Approved subject to amendment.**	**MMT** - The following amendments were requested to the document: • Page 1, amend 'clinical reason' to state 'clinical justification' • To provide a patient FAQ leaflet incorporating the information provided on page 3 of the document - To add a ScriptSwitch message to the system as a reminder to GPs stating' Please issue this patient with the FAQ leaflet' - ScriptSwitch to be used to support prescribing of the preferred needles
38.10	**Varicella Zoster vaccination in primary care (Irritable Bowel Disease (IBD) patients)** BHRUT Senior Clinical Pharmacist, Irritable Bowel Disease (IBD) and Hepatology was welcomed to the meeting and presented the paper to request primary care vaccination of IBD patients prior to immunosuppressive therapy. It was explained that due to a GP recently refusing to vaccinate a patient before they commenced immunosuppressive therapy it had become apparent that a formal process needed to be established to ensure that all patients requiring vaccination were able to receive it. He advised that there was not the opportunity within secondary care to provide the vaccination before treatment commenced and therefore it needed to be provided within primary care. He noted that there was no formal process in existence across London. Concern was raised that GP practices were not able to offer the numerous appointments required by this additional cohort of patients without any commissioned service being in place. Whilst not wanting to appear unreasonable it was explained that there were limitations to the extra workload	**MMT** - Medicines Management representative to liaise with the Planned Care team to understand whether vaccination is included in the tariff price for IBD patient referrals

	that could be accepted by primary care clinicians. He highlighted that the cohort would consist of approximately 20-30 patients across BHR. An occurrence of a patient being requested to seek the vaccination when they were in fact already immune was also mentioned. After further discussion it was agreed that the contract should be reviewed to understand costings and breakdown within the tariff for the patients who were referred to the Trust for IBD treatment. It was confirmed that there was no current risk to patients. **Not approved.**	
38.11	**Specialist Blood Glucose Testing Meters Guideline** BHR CCGs QIPP Pharmacist presented this paper to the committee. A number of concerns were raised and clarification required before the document could be considered further. **Not approved.**	**MMT** - A small number of formatting issues were highlighted including the addition of page numbers to the document and a more detailed title for the table on page 12 - Was the questionnaire forwarded to new companies who were now manufacturing specialist meters and who may not have been included when the questionnaire was first circulated? –could these be considered eg. Supacheck for visually impaired - Please provide a list of the companies that were contacted - Page 6, Which document was the following statement taken from ' BGMs will need a minimum memory of 819 tests (based on two hourly testing from 8am to midnight for a minimum of 92 days (31+30+31) – could this be clarified as to why 1000 memory required, where did this information come from? - Page 12, - Gestational column: could it be clarified as to why Contour Next Meter was not chosen as the preferred choice when it appeared to be the consultants preferred option with only a minimal additional cost - Ketone column: Why was CareSens Dual not chosen as the preferred option as it is a simpler machine to use? - Insulin pumps to be mentioned in the guideline - Ensure necessary references are included for all statements in the guideline
38.12	**Wound Care Formulary for Nursing Homes update** NELFT representative highlighted the update that has been made to the above formulary for the committee to consider. **Approved for addition to websites.**	**MMT** - Add updated formulary to CCG websites

38.13	**Patient Group Direction for the supply of Ulipristal Acetate 30mg tablet UPA-EC Emergency Contraception by Emergency and Urgent Care Practitioners for PELC** Chief Pharmacist for PELC was welcomed to the meeting and presented the above PGD to the committee. A discussion commenced regarding the wording relating to the inclusion criteria and amendments were requested. It was to be noted that the European Medicines Agency (EMA) had recently commenced a review of liver injury cases triggered by Ulipristal 5mg. **Approved subject to amendment**.	**PELC** The following amendments were requested to the PGD: - Page 7, ❖ To highlight that Ulipristal is the first line emergency oral contraception (to be administered within the first five days) ❖ Inclusion criteria, Amend the first sentence in the box to state 'Patient is aged 13 years…….or method failure within 120 hours (five days) ❖ To add bullet points two and three that are referred to on page 8 under 'Other conditions' to the inclusion criteria box under the cycles information - Page 9, amend the Dosage/Frequency box to state ' A single tablet to be taken within the first five days of UPSI
38.14	**Revised national guidance on 'Responsibilities for Prescribing between Primary and Secondary Care consultation comments** The above revised guidance and supporting documents had been circulated to the committee via email on the 1st November 2017 and comments were requested by Tuesday 14th November for collation on behalf of BHR. It was confirmed that the comments received had been submitted on behalf of BHR as part of the consultation process and these had been included in the APC agenda for information purposes. **Noted.**	
38.15	**Any other business** <u>i) BHRUT/NELFT non-formulary devices: Drug tariff items vs formulary items – to prescribe or not?</u> – It was confirmed that requests were being received for drug tariff items that were not currently included in the local formularies. This was causing confusion amongst prescribers and it was agreed that a mechanism should be considered to discuss such items and a decision made as to whether they should be prescribed locally e.g. as was done with the Acapella device. It was agreed that a record should be maintained of all non-formulary medications/devices considered and the decision reached. BHRUT advised that during the review of the Trust's formulary relevant caveats would be included to support prescribers eg. Opicapone to be initiated by epileptologists only. <u>ii) Dissemination of shared care guideline on discharge</u> - The BHRUT GP Liaison Manager had raised concern regarding the provision of shared care guidelines and it was requested that secondary care consider the use of the dedicated discharge email address provided to each BHR GP practice for shared care dissemination. Previous discussion had included the suggestion of an e –platform which would enable electronic access to shared care documents however this was no longer a viable option.	**MMT** - To maintain a record of any non-formulary cases considered including the decision reached **BHRUT** - To clarify the Trust process for disseminating shared care documents to primary care clinicians

	A list of shared care guidelines that had received APC approval and were accessible on the GP intranet had been forwarded to BHRUT colleagues. It was agreed that clarification would be provided by the Trust as to an agreed process going forward for disseminating shared care guidelines. iii) Recognition of Responsibilities – It was confirmed that should chairman's action be sought between meetings a response/comment would be expected from each of the Clinical Directors (CDs); responsibility of such decisions on behalf of the APC was to be shared by all three co-chairs. The CDs were thanked for their commitment to the committee throughout the year. iv) National consultation on low value medicines – A paper detailing the recommendations will be submitted for inclusion in the next APC agenda to aid the discussion for a local implementation plan. v) Discharge to pharmacy: procurement of software – The committee were advised that a paper to discuss discharge to pharmacy arrangements across the North East London Sustainability & Transformation Plan (NEL STP) for which a contribution might be required would be included in the next APC agenda.	**CDs** - All to continue to respond to chairman's action requests for APC approval/comment **MMT** - Medicines Management representative to produce a proposal for a local implementation plan to support the national recommendations **MMT** - To include this item as part of the next APC agenda
	Meeting closed at 3.10pm	
	Date of next meeting: The next meeting date was to be agreed and circulated to the committee via email.	