

**BHR CCGs AREA PRESCRIBING SUB-COMMITTEES**

Tuesday 20<sup>th</sup> February 2018

Boardroom, Maritime House, Barking, IG11 8HG

<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
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)
Sanjay Patel (SP)	QIPP Pharmacist, BHR CCGs
Emma Gardner (EG)	QIPP Pharmacist, BHR CCGs
Dr K Kugathas (KK)	GP, Londonwide (Redbridge) Local Medical Committee (LMC) Representative
Mohamed Kanji (MK)	Prescribing Advisor, BHR CCGs
Saiqa Mughal (SM)	Prescribing Adviser, BHR CCGs
Salma Wilson (SW)	Prescribing Adviser, BHR CCGs
Imran Khan (IK)	QIPP Pharmacist / Prescribing Adviser, BHR CCGS
Denise Baker (DB)	Business Manager, BHR CCGs
<b>APOLOGIES</b>	
Sarla Drayan (SD)	Chief Pharmacist, BHRUT
Heather Walker (HW)	Chief Pharmacist, North East London Foundation Trust (NELFT)
Kam Takhar (KT)	Deputy Chief Pharmacist, NELFT
Dr Amit Sharma (AS)	LMC Barking, Dagenham & Havering
<b>IN ATTENDANCE</b>	
Victoria Chaplin (VC)	Senior Pharmacist for Medicines Optimisation, London Procurement Partnership
Edward Baker (EB)	DMC representative

39.1	<p><b>Welcome / Introduction / Apologies</b> A list of apologies was received as shown on page 1. Introductions were provided.</p> <p>It was noted that representation from the Local Medical Committee (LMC) Barking, Dagenham and Havering (BDH) was not available for the meeting. It was therefore suggested that a formal communication be forwarded by the Chair requesting that a representative from LMC BDH be available to attend all future APC meetings.</p>	<p><b>Action and by whom</b></p> <p><b>Chair</b></p> <ul style="list-style-type: none"> <li>- To formally request LMC BDH representation at all future APC meetings</li> </ul>
39.2	<p><b>Declarations of potential conflicts of interest</b> Completed declarations of potential conflicts of interest were requested. None were received.</p>	
39.3	<p><b>Minutes of previous meeting</b> The minutes of the previous meeting were agreed subject to amendment. The redacted minutes for the October meeting were agreed.</p> <p><b>Approved for addition to the websites.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To include BHRUT Representative apologies in the December APC minutes</li> </ul>
39.4	<p><b>Matter Arising</b></p>	
	<p><b>Communication with Community Pharmacists (BHR CCGs)</b> It was agreed that information relevant to community pharmacists would be circulated on an adhoc basis using the nhs.net email addresses that had been provided to the Medicines Management team.</p> <p><b>Patient Group Direction (PGD) for the supply and administration of Varenicline (Champix®) by community pharmacists including Nicotine Replacement (NRT) Vouchers (NELFT)</b> Redbridge CCG Prescribing Lead requested that the committee forward a reminder to arrange a slot to discuss smoking cessation at a future Redbridge Protected Learning Event (PLE).</p> <p><b>Guidelines for the Management of Common ENT conditions in Primary Care including additional information to be considered</b> BHRUT ENT Consultant had completed the requested amendments to the document and provided an explanation as to the option of Naseptin being offered within the guidelines. A subsequent email had been forwarded to the BHRUT Pharmacy Team requesting that confirmation be provided that Naseptin was on the Trust formulary and details of the indications that it had been agreed for; a response was still awaited.</p> <p><b>Shared Care Guidelines (SCG) on Melatonin for sleep disorders/difficulties in children until their 18<sup>th</sup> birthday</b> Nelft Representative confirmed via email that the requested APC amendments had been made to the document and a version was awaited for submission to the next APC meeting.</p> <p><b>Shared Care within BHR CCGs</b> (previously Disease Modifying Anti-Rheumatic Drugs (DMARDs) Shared Care Guideline which will now be considered as part of the new process once established) A discussion took place regarding the shared care meetings that had occurred and the concerns that were still outstanding regarding payments to practices for supporting shared care and the increase in capacity within practices</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To circulate relevant information on an adhoc basis using the nhs.net email accounts that had been provided to the team</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To forward a reminder to Dr Raza regarding the outstanding action</li> </ul> <p><b>Redbridge CCG Prescribing Lead</b></p> <ul style="list-style-type: none"> <li>- To arrange a slot for MdS to present the documents at the next PLE</li> </ul> <p><b>Chair</b></p>

<p>to undertake monitoring. It was requested that further shared care guidelines should not be considered by the committee until a model had been agreed across the CCGs. It had transpired that payments were not being made separately to practices in other CCGs for shared care but financial support was included within the remuneration received for treating patients with long term conditions.</p> <p>It was agreed that a letter should be forwarded to, Director of Primary Care Transformation, requesting details of the process planned to enable primary care commissioners to commission shared care services and ensure that patients receive safe and appropriate care.</p> <p><b>NELFT Podiatry Services – management of Diabetic Foot and referral letter to GPs/A &amp; E</b>  A formal letter had been produced by the Chair on behalf of the committee and this had been forwarded to the Planned Care Team requesting an update as to the provision of a podiatry service which would include a vascular surgeon. A response had been received which advised that the CCGs would be mobilising a plan to provide a diabetic foot-care pathway agreed across all providers to be implemented as soon as possible. The Planned Care Clinical Director was to lead the discussions with representatives from NELFT and BHRUT. An update of the work would be shared with the Quality and Safety Committee and at the Integrated Joint Executive Committee (IJEC) meetings during March/April 2018.</p> <p><b>The supply of Chlorphenamine</b>  Nelft Representative confirmed via email that NELFT colleagues had updated the PGD for chlorphenamine to exclude the treatment of hayfever.</p> <p><b>End of Life and Palliative Care: Quick Reference Guide</b>  The guide had been updated with the APC amendments requested apart from the request for Levomepromazine to be included as 1<sup>st</sup> line option on page 17 of the document. Nelft Representative had explained via email that this part of the document related to Essex CCG and therefore the information could not be amended. Concern had also been raised with NELFT colleagues as to the provision of non nhs.net email accounts within the document.  <b>The committee agreed the amended version.</b></p> <p><b>Varicella Zoster vaccination in primary care (IBD patients)</b>  BHRCCG Medicines Management Representative advised that the Planned Care Team had contacted BHRUT colleagues to establish whether vaccinations were included in the tariff price for IBD patient referrals. Upon further discussion it was agreed that NHS England would be the most appropriate team to contact for the information and this would be relayed to the Planned Care Team.</p> <p><b>Wound Care Formulary for Nursing Homes update</b>  The above document had been added to the BHR CCGs websites.</p> <p><b>Dissemination of shared care guideline on discharge</b>  BHRCCG Medicines Management Representative advised the committee that as part of the 2018/19 review of the BHRUT contract a dissemination process for shared care guidelines on discharge had been included.</p>	<ul style="list-style-type: none"> <li>- To forward a formal letter to the Director of Primary Care Transformation requesting details of the process for commissioning and providing shared care within BHR CCGs</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To endorse the revised version with APC approval</li> </ul> <p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- BHRCCG Medicines Management Representative to request that the Planned Care Team liaise with NHS England</li> </ul>
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<b>39.5</b>	<b>Chairman's Action</b>	
	<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>❖ Letter to support doctors with school requests for Adrenaline Auto Injectors <b>20.12.17</b></li> <li>❖ Disposal of pen needles (sharps box information for patients) <b>20.12.17</b></li> <li>❖ QIV Flu vaccine information <b>21.12.17</b></li> <li>❖ Decommissioning Phase I &amp; II Protocol including positions statements <b>01.02.18</b></li> </ul>	
	<b>Agenda Items</b>	
<b>39.6</b>	<p><b>DMC Patient Group Directions (PGDs)</b></p> <p>i) <b>Methylprednisolone 4% Lidocaine 1% (DepoMedrone® with Lidocaine) as a suspension for intra-articular injection or peri-articular injection</b></p> <p>ii) <b>Triamcinalone Acetonide (Kenalog®) 40mg/ml injection</b></p> <p>DMC representative, was welcomed by the committee and presented the above two PGDs for approval. A number of amendments were requested to both documents.</p> <p><b>Approved subject to amendment.</b></p> <p>DMC Representative left the meeting.</p>	<p><b>DMC</b></p> <ul style="list-style-type: none"> <li>- The following amendments/clarifications were required to <u>both</u> documents: <ul style="list-style-type: none"> <li>• Add page numbers</li> <li>• Remove full stops from bullet points</li> <li>• Add version control</li> <li>• Page 1, Indication, clarify which joints are <b>not</b> included in each of the PGDs</li> <li>• Page 5, Advice to patient/carer add bullet point, 'Steroid card to be provided'</li> <li>• Updated BNF reference to most recent</li> </ul> </li> <li>- Amendment to Methylprednisolone/Lidocaine PGD only: <ul style="list-style-type: none"> <li>• Page 4, Dosage, amend dose range to 40-80mg</li> </ul> </li> </ul>
<b>39.7</b>	<p><b>CCG Expression of Interest in participation in NIHR trial – CHICO RCT: Children's Cough Randomised Controlled Trial</b></p> <p>BHRCCG Medicines Management Representative provided a summary of the above trial which has been developed to potentially reduce the prescribing of inappropriate antibiotics for children with respiratory tract infections. The intervention which was a clinical algorithm had already been shown to reduce diagnostic uncertainty associated with the management of upper respiratory tract infections (RTI) in young children in General Practice and potentially reduce inappropriate antibiotic use and /or referral to acute care/ emergency paediatric care. Expressions of Interest were being sought from CCGs who were prepared to support their GP practices to participate in the CHICO trial. It was noted that the trial was only available to EMIS web practices.</p> <p>It was acknowledged that all three BHR CCGs were outliers in the prescribing of 'broad spectrum' and 'all antibacterial items' in comparison to the other CCGs in the East London Health and Care Partnership (ELHCP) and data illustrating this was presented.</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To respond on behalf of the committee advising that option 1 had been agreed on behalf of BHR CCGs</li> <li>- Obtain detail of patient information</li> <li>- Obtain description of trial software to be uploaded to GP systems</li> </ul>

	<p>Three options were considered by the committee and the following option was agreed on behalf of all three BHR CCGs:</p> <ol style="list-style-type: none"> <li>1. The CCGs express interest in participation with no obligation to continue in the future when full CHICO trial details are published in Q1-Q2 2018/19.</li> </ol> <p>The committee expressed a desire for the active and control areas to exist in each CCG. The committee also requested detail of the communication that would be provided to the child's parent or guardian, as well as a description of the software that supports the trial.</p> <p><b>Option 1 approved.</b></p>	
39.8	<p><b>Homely Remedies Guidance</b></p> <p>The committee were requested to consider the above guidance which had been produced to support GPs with the request for homely remedies from care homes. Numerous queries had arisen since the commencement of the 'Spending Money Wisely' decommissioning initiatives and this document had been prepared to support GPs who have care home responsibilities.</p> <p>A protocol/template had also been produced, however there was concern as to how this could be implemented in care homes when the responsibility for ensuring that homely remedies policy were available in care homes was with local authorities. It was suggested that homely remedy policies could be an area that could be considered by the Enhanced Health and Care Home Network.</p> <p><b>The committee approved the document to support GPs with queries from care homes and enable them to advise as to the medications that should be included in the care home's 'Homely Remedy' policy.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Add guidance to website with the explanation of the document's relevance to primary care</li> </ul>
39.9	<p><b>Discharge to Pharmacy Project</b></p> <p>BHRCCG Medicines Management Representative provided a brief summary to the above project which is being led by Waltham Forest on behalf of the ELHCP. Two pilot sites involving the Homerton Hospital and City &amp; Hackney CCG and Whipps Cross Hospital and Waltham Forest CCG had been proposed for phase one of the project. IT technology across the systems within these organisations was deemed to be more advanced than those being considered for phase two implementation. Barts Health NHS Trust and Newham CCG and Tower Hamlets CCG and BHR CCGs and BHRUT were suggested for phase two.</p> <p>Concern was raised regarding the use of nhs.net accounts as part of the project which it appeared were not always checked on a regular basis. However the Chair assured the committee that there was the expectation that generic nhs.net emails assigned to GP practices were to be checked on a daily basis. Nhs.net accounts for all community pharmacies did not seem to be readily available although it was mentioned that generic NHS mail accounts should be in place.</p> <p>It was agreed to accept the proposal and commence discussions with the Local Pharmaceutical Committee (LPC) and BHRUT with the aim of implementing the discharge to pharmacy project across the BHRUT footprint.</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- BHRCCG Medicines Management Representative to advise of the APC decision and support further discussions</li> </ul>

	<b>Approved.</b>	
39.10	<p><b>The provision of salbutamol inhalers for school</b> BHRCCG Medicines Management Rep had produced a letter to support GPs with requests from schools for additional emergency salbutamol inhalers to be kept at schools.</p> <p>The letter addressed to the Head Teacher advised that due to regulatory changes, schools were able to purchase salbutamol inhalers themselves and therefore responsibility for the provision of emergency inhalers was not with GP practices who would refuse such requests.</p> <p><b>Approved.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To add the letter to the CCG websites</li> </ul>
39.11	<p><b>Use of Ciprofloxacin eye drops, off label for Acute Otitis Externa</b></p> <p>This item was deferred due to the absence of NELFT representation.</p>	
39.12	<p><b>Specialist Blood Glucose Testing Meters Guideline</b> Further to the previous APC discussions regarding the above guideline, IK provided background to allay some of the concerns that had been raised. The committee was advised that the list of manufacturers whose devices had been part of the consultation process had been taken from the Diabetes UK list of approved meters. It was also mentioned that the consultation period had been extended to accommodate responses, however despite this a very limited number of responses had been received. It was highlighted that a consultation period was an extremely important part of undertaking reviews in order to gain views from relevant colleagues/stakeholders and therefore the importance of responding was stressed.</p> <p>BHRCCG Medicines Management Representative had updated the document and provided explanations where necessary. The committee decided due to a price drop that the guidance should also recommend the Accu-Check Mobile within the DVLA recommendations. The Contour® Next Meter for pregnant patients was also to be included as this was the preferred meter for BHRUT. Therefore seven meters in total to be recommended within the guidance.</p> <p>It was agreed that the guidance would be presented at the forthcoming forums and mentioned at PTI/PLEs. BHRCCG Medicines Management Representative agreed to provide a patient centred leaflet to support the guidance. One of the BHRCCG Medicines Management Representative left the meeting.</p> <p><b>Approved.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- BHRCCG Medicines Management Representative to amend the document to include the two additional meters requested by the committee</li> <li>- BHRCCG Medicines Management Representative to produce a patient centred leaflet</li> <li>- ScriptSwitch to be used to highlight meters not approved for use by the APC</li> <li>- Arrange training via prescribing forums, PLE/PTIs</li> </ul>
39.13	<p><b>PBR Excluded medicines challenges Q1 2017-18</b> BHRCCG Medicines Management Representative presented the current costs of PbR excluded drugs 2017/18 Q1 and highlighted the savings from the successful challenges. BHRUT Representative raised concern over the total of</p>	<p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To enforce the process that is in place to consider challenges and provide responses</li> </ul> <p><b>MMT</b></p>

	<p>the remaining challenges to be agreed being disproportionately greater for BHRUT. It was mentioned that this quarter would include biosimilars charged at full price.</p> <p>It was confirmed that once the SLAM data was considered by the QIPP team, comments regarding the challenges were forwarded to the NELCSU for liaison with the BHRUT Pharmacy team; should any challenge not be accepted it was then referred for arbitration and discussed at a Contract meeting. BHRUT Representative requested that he is copied into future emails that are sent to the BHRUT Chief Pharmacist.</p> <p><b>Noted.</b></p>	<ul style="list-style-type: none"> <li>- To amend the title of the tables to show Q1 rather than 1Q</li> </ul>
<p><b>39.14</b></p>	<p><b>Implementation of Free Style Libre® prescribing across the NHS in London (LPP)</b> Senior Pharmacist for Medicines Optimisation, London Procurement Partnership was welcomed to the meeting and joined the discussions via teleconference facilities.</p> <p>To ensure alignment with the committee's Terms of Reference, BHRCCG Medicines Management Representative advised of the annual cost impact of FreeStyle Libre per CCG as follows:</p> <p>Barking &amp; Dagenham - £90,774 Havering - £198,794 Redbridge - £148,869</p> <p>It was noted that the Terms of Reference for the Committee allowed discussions and approval for proposals to a maximum of £200,000/per annum/per CCG.</p> <p>Senior Pharmacist for Medicines Optimisation, London Procurement Partnership provided a summary of the discussions that had taken place regarding FreeStyle Libre and advised that the five Regional Medicines Optimisation Committee (RMOC) statements had informed the subsequent three implementation guidance pathways that had been developed.</p> <p>Documents to support implementation such as a patient transfer of care document, Abbott device warranty and information /videos to train Trust specialists and inform patients, would shortly be made available.</p> <p>BHRUT Representative advised that he was unaware of whether contact had been made with the Trust regarding specialist training to support FreeStyle Libre implementation and was therefore unable at this point to confirm that BHRUT were in a position to initiate.</p> <p>The following concerns were raised:</p> <ul style="list-style-type: none"> <li>• Patients who may have chosen to self-fund the device but may present at the practice for monitoring strips</li> <li>• Referral back to primary care from private consultants</li> <li>• Support to practices for patients who did not meet the specified criteria but requested the device</li> <li>• Capacity to support the implementation i.e. referrals to secondary care for initiation</li> </ul>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- To produce a position statement to support BHR CCGs and request approval for the document via Chairman's Action</li> <li>- To seek confirmation from BHRUT that the necessary processes are in place to support local implementation</li> </ul> <p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To confirm that the Trust has the necessary processes in place to support local implementation</li> </ul>

	<p>The committee were advised that all concerns would be addressed by the beginning of April when there would be 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. A one page position statement was requested for BHR CCGs to support GPs with implementation of the guidance, as well as to manage patient expectations. Senior Pharmacist for Medicines Optimisation, London Procurement left the meeting.</p> <p><b>The committee agreed to approve implementation within BHR once confirmation had been received from BHRUT that processes were in place to provide the necessary training and that the required paperwork was available.</b></p>	
39.15	<p><b>Azathioprine &amp; Mycophenolate Mofetil Shared Care Guidelines (SCG) in respiratory medicine</b></p> <p>This item was deferred to the April APC meeting to allow, Consultant Respiratory Physician BHRUT, to be present for the discussions.</p>	
39.16	<p><b>Methotrexate SCG for the treatment of Psoriasis, Crohn's Disease, Ulcerative Colitis &amp; Pulmonary Sarcoidosis</b></p> <p>This item was deferred to the April APC meeting to allow, Consultant Respiratory Physician BHRUT, to be present for the discussions.</p>	
39.17	<p><b>Drugs Normally for Hospital Only Prescribing (including list of amendments)</b> The committee were advised of the amendments that had been made during the latest review of the document. BHRUT Representative asked how these changes were going to be communicated to GP practices and it was confirmed that the full document and list of amendments would be added to the BHR websites. ScriptSwitch was also being used to convey status.</p> <p>It was mentioned that there was some confusion within practices as to medications that were 'hospital only' and those that were 'non-formulary'. The Medicines Management team were helping practices with such queries and would include an article in the newsletter to clarify the description of 'hospital only' and 'non-formulary' drugs.</p> <p>Any comments/amendments regarding the document should be forwarded to the MMT for consideration at the next review meeting of the document.</p> <p><b>Approved for addition to the BHR CCGs websites.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Add to the CCG websites</li> </ul>
39.18	<p><b>Suggestions for Drug Monitoring in Adults in Primary Care</b> An updated version of the above document was now available and it was agreed that this should be added to the websites to replace the 2012 version.</p> <p>A link to the document which contained details of the monitoring requirements to support primary care prescribing would be included in the next MMT newsletter and would be highlighted at the next set of forums.</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Add to the CCG websites</li> </ul>

	<b>Approved for addition to the BHR CCGs websites.</b>	
39.19	<p><b>NEL/NCL Ozurdex® in Non-Infectious Uveitis Pathway</b> The Committee were advised that a NEL/NCL Ozurdex® in Non-infectious Uveitis pathway had been produced to provide a consistent approach to commissioning across the sector and would be added to the BHR CCGs websites. <b>Approved for addition to the BHR CCGs websites.</b></p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Add to the CCG websites</li> </ul>
39.20	<p><b>National Institute for Health and Care Excellence (NICE): Public Involvement Programme Update</b> The above document provided information relating to newly published guidance, consultation deadlines and opportunities to get involved and had been circulated for information purposes.</p>	
39.21	<p><b>APC Meeting Dates 2018</b> The dates that had been agreed for the remaining 2018 APC meetings had been circulated and the committee members were requested to add these to their diaries.</p>	<p><b>All</b></p> <ul style="list-style-type: none"> <li>- Add the APC meeting dates to diaries</li> </ul>
39.22	<p><b>Any Other Business</b></p> <p><b>a) Scriptswitch message review</b> The above document was an additional agenda item. A recent review of the ScriptSwitch messages had highlighted a number of amendments and the committee were requested to consider the changes detailed. The committee did not agree to the prednisolone suggested message and requested that the existing wording should remain. It was requested that the suggested message for the medications listed under bullet point 6 should only be added to the branded versions and not the generic. <b>Approved.</b></p> <p><b>b) Position statement on the prescribing of omega-3 and fish oil supplements</b> The above position statement had been produced to support the decommissioning of omega-3 and fish oil supplements within general practice. Whilst the decision had been made that there should be no prescribing of omega-3 and fish oil supplements, an exception had been made to allow prescribing for the treatment of patients with hypertriglyceridaemia who have a proven intolerance with fibrate treatment (either a monotherapy or in combination with a statin or, on the advice of a lipid specialist in severe hypertriglyceridaemia (triglyceride levels <math>\geq 10</math> mmol/L). <b>The committee approved the revised position statement.</b></p> <p><b>c) BHRUT initiative/green bag scheme</b> BHRUT Representative advised that it had been highlighted that less than 40 % of patients brought their medicines with them when acutely admitted. The input of the London Ambulance Service (LAS) was suggested. BHRUT Representative however advised that whilst LAS were amenable to bringing medications, they had advised that the patient was their priority and therefore were not willing to accept responsibility for ensuring or reminding patients that medications travelled with them.</p> <p>Therefore the Trust was raising awareness of its campaign for patients to bring their medications with them to hospital, similar to the previous green bag scheme. Support was requested from BHR CCGs to display campaign materials. It was suggested that BHRUT may also wish to liaise with NHSE as they could adopt the initiative as a health promotion campaign for community pharmacy.</p>	<p><b>MMT</b></p> <ul style="list-style-type: none"> <li>- Update the ScriptSwitch profile with the agreed messages</li> </ul> <p><b>BHRUT</b></p> <ul style="list-style-type: none"> <li>- To forward the campaign materials which can be circulated to the BHR GP practices via email</li> </ul>

Date of next meeting:	Tuesday 17 <sup>th</sup> April, Becketts House, Ilford, IG1 2QE
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