BHR CCGs AREA PRESCRIBING SUB-COMMITTEES Thursday 25th May 2017 BOARDROOM A, BECKETTS HOUSE, ILFORD, IG1 2QX	
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
Sanjay Patel (SP)	QIPP Pharmacist, BHR CCGs
Vicki Kong (VK)	QIPP Pharmacist, BHR CCGs
Julia Quant (JQ)	Prescribing Advisor, BHR CCGs
Olufunlola Apakama (OA)	Prescribing Advisor, BHR CCGs, representing Barking & Dagenham CCG
Mohamed Kanji (MK)	Prescribing Advisor, BHR CCGs
Saiqa Mughal (SM)	Prescribing Adviser, BHR CCGs
Martin Hamilton-Farrell (MHF)	Barts Health NHS Trust Drugs & Therapeutic Committee Chair
Heather Walker (HW)	Chief Pharmacist, North East London Foundation Trust (NELFT)
Kam Takhar (KT)	Deputy Chief Pharmacist, NELFT
Satvinder Bahra (SB)	Lead Pharmacist, NELFT
Dr K Kugathas (KK)	GP, Londonwide (Redbridge) Local Medical Committee (LMC) Representative
Yousaf Razzak (YR)	Assistant Chief Pharmacist, Barking, Havering and Redbridge University Hospitals (BHRUT)
Imran Jan (IJ)	Pharmacist, North East London (NEL) Local Pharmaceutical Committee (LPC)
Dr Amit Sharma (AS)	GP, Barking & Dagenham and Havering LMC Representative
Diane Meid (DM)	Lay member
Denise Baker (DB)	Business Manager, BHR CCGs (minute taker)
APOLOGIES	
Dr Anita Bhatia	Clinical Director and RTT Clinical Lead for Rheumatology, BHR CCGs
IN ATTENDANCE	
Dr Taha Aldeen (TA)	Dermatology Consultant, BHRUT
Dr Thushani Wickramaratne (TW)	Consultant Physician/ Rheumatologist, BHRUT

35.1	**Welcome / Introduction / Apologies** A list of apologies was received as shown on page 1. Introductions were provided.	**Action and by whom**
35.2	**Declarations of potential conflicts of interest** Completed declarations of potential conflicts of interest were received.	
35.3	**Minutes of previous meeting** The minutes of the previous meeting were agreed subject to a minor amendment. The redacted minutes for the January meeting were agreed. **Approved for addition to the websites.**	**MMT** - The following amendment was required to Page 2, Item 34.3: • Correct spelling of Braltus
35.4	**Matter Arising**	
	Disease Modifying Anti-Rheumatic Drugs (DMARDs) Shared Care Guideline BHRUT Rep advised that the consultant Rheumatologist was yet to attend a Planned Care Commissioning (PCC) meeting and it was confirmed that Simon Clarke within the PCC team was to be contacted by BHRUT colleagues to ascertain dates of future meetings. **Apomorphine Shared Care Guidelines for Patients with complex Parkinson's disease suitable for therapy** The committee was informed that this guideline was on hold whilst NELCSU, via the commissioning route, consider how NELFT adapts its service to ensure secondary care input without undue hospital attendances. **Shared Care Prescribing Guidance for Treatment of Gender Dysphoria in Transwomen /Transmen** Medicines Management Representative advised that the service for the above had been transferred from West London Mental Health Trust to the Tavistock and Portman Trust however the new contact details were yet to be established. The shared care document previously considered by the committee had been updated and it was understood that UCLH also had a shared care guideline to support this treatment. Medicines Management Representative agreed to establish the contact details for the Tavistock and Portman Trust and the availability of the shared care documents. (including the UCLH version) **Factsheet: Sacubitril valsartan for chronic heart failure with reduced ejection fraction** Barts Health Representative agreed to follow up the request made to Barts Health NHS Trust for contact details that could be included in the document. **Patient Safety Incident: Repeated incorrect prescribing of female catheters for male patients**	**BHRUT** - To liaise with Simon Clarke within the PCC teams to ascertain future PCC meeting dates **NELCSU** - To convene an appropriate meeting to ensure NELFT compliance to service specification aims **MMT** - Medicines Management Rep to establish the contact details for the Tavistock and Portman Trust and obtain copies of the shared care guidelines available (including the UCLH version) **Barts Health NHS Trust** - Barts Health Rep to follow up the request to Barts Health NHS Trust for contact details **MMT** - Include article in June MMT newsletter

	It was confirmed that an article would be included in the June MMT Newsletter and provide a link the poster. **Safe and Effective Repeat Prescribing and Repeat Dispensing** The LPC Rep informed the committee that North East London Local Pharmaceutical Committee (NEL LPC) would be contacting the Local Medical Committees (LMCs) to liaise with them regarding the version of the document that had previously been considered at the March APC meeting. **Communication with Community Pharmacists** Medicines Management Rep advised that both the NEL LPC and NHS England had been unable to support the committee by providing contact email addresses for the BHR community pharmacists due to information governance restrictions within their organisations. Therefore Medicines Management Rep had provided NHSE colleagues with a data information template that could be forwarded by NHSE on behalf of BHR CCGs to all BHR community pharmacists for completion. Responses were currently being received and a distribution list of email addresses was being collated. **Antimicrobial Leads/Champions** It was confirmed that BHR GP practices had received a written request for volunteer antimicrobial leads/champions and this request had also been discussed at Network meetings. Designated persons were yet to be identified. **Summary Care Records Information** NELFT Rep advised that two template letters had been circulated to NELFT relating to patient requests for enhanced information. It could not be confirmed which of the template letters (details below) had been recommended for use across BHR: i) Request that patients advise their GP that they wish to opt out of the enhanced summary care record ii) Request that patients advise their GP if they wish to have the enhanced summary care records made available NELFT colleagues therefore agreed to provide feedback once information could be confirmed. **Respiratory Therapeutic Review Service** Medicines Management Rep advised that both providers for the above service had been met with individually and a joint meeting to discuss future arrangements was to take place on Thursday 8th June 2017. **Attendance to BHRUT Medicines Optimisation Committee meetings** Medicines Management Rep confirmed that an email had been forwarded to the GP prescribing leads and it was agreed that rotational attendance was to be considered.	- Add safety message alongside all relevant catheters in the ScriptSwitch drug and devices dictionary **NEL LPC** - To liaise with both Redbridge and Barking & Havering LMCs regarding the document and provide an LMC approved version of the document for consideration at the July APC meeting **MMT** - To collate responses received from community pharmacists and produce a distribution list for future communications from MMT **MMT** - To confirm the process for the availability of the enhanced summary care record from GP IT

35.5	**Chairman's Action**	
	Not applicable for this meeting.	
	Agenda Items	
35.6	**Active Diabetic Foot Problems in Podiatry supporting letters** Medicines Management Representative advised that the reference to NG19 guidance in the document had not highlighted the need for cultures and samples to be taken from the patient before antibiotic treatment was commenced. Concern was also raised that the pathway referred to a multi-disciplinary foot service which although referred to in the document was not available within NELFT. NELFT Rep reported on the absence of a vascular surgeon to support the service. It was therefore acknowledged that risk factors within the service existed for patients and posed medical legal challenges for GPs. It was suggested that this matter was recorded in the risk register for both organisations. It was agreed that until the availability of an appropriate multi-disciplinary service could be provided by NELFT which would include the availability of a vascular surgeon, BHR GPs would refer respective patients to Accident and Emergency (A&E) services to receive treatment. **Not approved.**	**Chair** - To formally report the risks that has been identified in the current NELFT podiatry service for patients with active diabetic foot problems **NELFT** - To address the concerns raised regarding the need for a multi-disciplinary team to support the pathway produced
35.7	**Prescribing – Nurseries, schools and OTC Medications Position Statement (Wessex LMC) including template letter to School Head Teacher** Further to the previous discussions relating to the labelling of OTC medications for children that could require administration during school hours, a position statement had been obtained from Wessex LMC and the committee were asked to consider whether this could be adopted on behalf of BHR CCGs. Barking & Havering LMC had confirmed their support to the adoption of the statement, however a response on behalf of Londonwide (Redbridge) LMC was still awaited. It was agreed that should a positive response to the Wessex statement be received from Londonwide (Redbridge) LMC then this would be adapted to a more succinct position statement for BHR CCGs, acknowledging Wessex LMC within the document. **Approved subject to confirmation from Londonwide (Redbridge) LMC of their agreement to the adoption of the Wessex position statement.**	**Londonwide (Redbridge) LMC Rep** - To provide a response regarding the Wessex LMC position statement **MMT** - If Londonwide (Redbridge) LMC is agreeable, produce a similar position statement on behalf of BHR CCGs
35.8	**A more efficient way of providing a dressings service**	**NELFT**

	NELFT Representative explained that due to insufficient numbers of Non-Medical Prescribers (NMPs) to support the current dressing service, a number of Havering GPs had raised concern regarding the generation of the additional work being experienced by them to support wound care prescribing. An email from LPC Chair on behalf of the NEL LPC had been forwarded prior to the commencement of the APC meeting which raised concern regarding the proposed NELFT (non FP10) offer and its impact on community pharmacy. It was requested that the item be deferred to a future meeting. The committee were advised that BHR CCGs had written to the Executive Director, NELFT of its intention to procure an integrated wound care and lymphoedema service which would include dressings. Therefore this item would not be considered further. It was acknowledged that concern had only been raised by Havering GPs and therefore it was suggested that discussions for an alternative interim solution should be discussed again with Havering CCG. **Not approved.**	- To liaise with Havering CCG to discuss an alternative interim solution for the prescribing of wound care dressings
35.9	**Updated osteoporosis guidance in post-menopausal women** Consultant rheumatologist (BHRUT) was welcomed to the meeting and presented the above guidance that had been updated with NICE recommendations and existing guidelines to standardise patient treatment across BHR CCGs. The pathway which had been produced for GPs to encourage more management of osteoporosis in primary care was considered and various concerns and amendments were requested. It was highlighted that Strontium Ranelate was not used within primary care and therefore should be removed from the pathway; should Risedronate not be an option after treatment failure with alendronate, then the patient would be referred back to the specialist. It was noted that osteopenia was not referred to in t0he pathway and the consultant Rheumatologist confirmed that all relevant patient fractures were captured within the service but his guidance only applied to osteoporosis. Barts Health Representative raised concern that Whipps Cross Rheumatology clinicians had not been consulted with on the production of the pathway. It was clarified however that papers had been forwarded to Barts Health NHS Trust four weeks ahead of the meeting as per the Terms of Reference to be consulted upon. It was requested that once the required amendments had been made, the revised document should be forwarded to them for comment. **Not approved.**	**BHRUT Rheumatology** - To amend the pathway with the following: • Page 1 ❖ Add suitable for renal impairment ❖ Add 'refer to secondary care if treatment of Risedronate fails and remove strontium ranelate as an option ❖ Clarify the requirement of dual-energy absorptiometry scan in the penultimate yellow box ❖ Add denosumab as a treatment option which is missing but referred to on page 2 of the pathway • Page2 ❖ Top right box replace bullet point 5 with statement from the NICE Quality statement 149 'Adults with osteoporosis who have been taking bisphosphonates for 5 years have a review of the need for continuing treatment.' - To consult with Barts Health NHS Trust colleagues once the draft document had been amended to incorporate the APC comments

35.10	**ScriptSwitch message review** Medicines Management Representative presented the recent review of ScriptSwitch messages and advised of the subsequent changes that could be made to the messaging system. Feedback from GP practices had also been received and this had been considered in any suggested amendments. **The suggested updates were approved.**	**MMT** - Amend ScriptSwitch with the approved messages
35.11	**Specials Guide** The revised Specials Information Pack was presented to the committee who approved the suggested updates to the document. **Approved.**	**MMT** - To finalise the document and include the information and options on alternatives to ScriptSwitch
35.12	**Updates Oral Nutritional Supplements (ONS) Formulary** Medicines Management Representative advised the committee of the formulary updates that had been made to the guideline since its approval in November 2016. It was confirmed that no new products had been added and all the changes were identified on pages 8 and 11 of the document. **Approved.**	**MMT** - To finalise the document adding approval details
35.13	**Azathioprine & Mycophenolate Mofetil in Dermatology Shared Care Guideline** Consultant Dermatologist (BHRUT) was welcomed to the meeting and presented the above guideline to the committee. Several amendments were requested to the document including page numbers which were to be added to the shared care guideline template for future use. Discussion took place regarding additional tick boxes to the GP agreement letters (Appendix 2 & 3) to provide an option to accept the full shared care including prescribing and monitoring or an option for the GP to choose to accept only the prescribing for the patient. It was agreed that this should be included in the document.	**BHRUT** - To amend the shared care guideline with the following: • Add page numbers • Page 4, Shared Care Responsibilities for Consultant, bullet point 2, remove the wording (minimum of 1 month's treatment) • Page 7 & 8, Add two tick boxes with the following statements 'I agree to prescribe and monitor the patient' and 'I agree to prescribe for the patient only' **MMT** - To include page numbers to the shared care guideline template

	Approved subject to amendment.	
35.14	**Methotrexate for the treatment of Psoriasis, Crohn's Disease & Ulcerative Colitis Shared Care Guideline** Consultant Dermatologist (BHRUT) presented the above guideline that was to be considered by the committee for the dermatological indication only. Various comments were received including the request for the shared care guideline to refer to psoriasis only for both prescribing and monitoring and all other information referring to Crohn's Disease and Ulcerative Colitis to be removed. It was noted that P3P, a marker for liver impairment was to remain for the specialist to monitor. It was agreed that this document should be amended and then be re-submitted for further consideration at the next APC meeting. **Not approved.**	**BHRUT** - To amend the shared care guideline with the following: • Add page numbers • Page 1, Patient Pathway, third column, amend sentence to ……..and require blood monitoring at 3 monthly intervals • Page 4, Monitoring standards for GP, remove reference to P3P monitoring • Page 6, ❖ Consultant responsibilities, point 3, amend wording to 'Ensure baseline investigations are normal and patient is not on interactive medications before commencing treatment…… ❖ GP responsibilities, point 6, amend wording to 'Record patient held monitoring booklet where available • Page 9, ❖ Add two tick boxes with the following statements 'I agree to prescribe and monitor the patient' and 'I agree to prescribe for the patient only' ❖ Add fax number for Dermatology team ❖ Clarify dose of folic acid and when it should be taken by the patient
35.15	**Nicotine Replacement Therapy (NRT) documents** **Patient Group Direction (PGD) for the supply of Varenicline (Champix) by community pharmacists** **Smoking Cessation Service GP Referral for NRT** **Smoking Cessation Service Voucher for Supply of NRT by community pharmacists** NELFT Representative advised that consideration of the above documents had been made at other meetings and subsequently comments had been received which were not included in the versions presented to the committee. Therefore this item was deferred until updated versions were available. **Deferred.**	**NELFT** - To re-submit updated versions when available
35.16	**Antimicrobial prescribing guidance for primary care (page 14) updated including the Urinary Tract Infection (UTI) information leaflet** Medicines Management Representative explained to the committee the update that had been made to align the BHR CCGs Antimicrobial prescribing guidance for primary care with Public Health England (PHE) guidance which places nitrofurantoin as the first line option to treat UTIs. The UTI information leaflet was also now embedded within the document (page 14) and it was suggested that this could also be added to the GP clinical systems for ease of use.	**MMT** - Page 14, ❖ correct spelling of spectrum (1st column) and pivmecillinam (3rd column) ❖ amend 'in' to 'if' (3rd column)

	Concern was raised regarding the availability of pivmecillinam and this was to be checked and if a long term problem existed this would be noted on the clinical systems via ScriptSwitch. **Approved.**	
35.17	**Update to the 2016/18 BHR CCGs Medicines Management (MM) Workplan** Medicines Management Representative advised the committee of the four additional areas (listed below) that had not been included in the above workplan but which now formed part of the national programme on products which were either clinically effective but where more cost-effective products were available or for products of low clinical effectiveness or where there was a lack of robust evidence of clinical effectiveness. ❖ Liothyronine in primary hypothyroidism ❖ Tadalafil once daily (Cialis® lower doses taken once daily) ❖ Fentanyl immediate release formulations ❖ Lidocaine plasters After discussion it was agreed that BHR CCGs would wait for the completion of the national consultation at the end of June/July 2017 and then add the four areas highlighted to the MM workplan for work to commence in January 2018. **Not approved.**	**MMT** - To await formal notification following the national consultation outcome, update the MM workplan accordingly and present to a future APC for information
35.18	**PbR excluded medicines challenges Q3 2016/17** Medicines Management Representative presented current costs of PbR excluded drugs 2016/17 Q3 and highlighted the savings from the successful challenges. **I**t was noted that a response was awaited from BHRUT with regard to the challenges that had been made to the Trust and BHRUT Representative would chase the relevant BHRUT colleagues to respond. **Noted.**	**BHRUT** - To liaise with relevant colleagues for a response to the challenges received
35.19	**London position statement on the use of Quadrivalent Inactivated Influenza vaccine (QIV) in the seasonal influenza immunisation programme (NHSE)** The committee were asked to consider the letter produced by NHS England which requested that GPs continue to use the trivalent influenza vaccine and not the quadrivalent inactivated vaccine (QIV) that had recently been introduced. Medicines Management Representative requested that a CCG position statement on this matter be agreed. Concern was raised that some GP practices may have already placed orders for the QIV and may be unable to cancel or change the order. It was therefore agreed that BHR CCGs would	**MMT** - To recommend that BHR practices follow the NHS England position statement not to use the QIV unless orders have already been placed and cannot be changed

	recommend that GP practices follow the request of NHS England where possible and attempt to change or cancel any orders that have previously been made for QIV. **Approved recommendation to support NHS England position statement.**	
35.20	**Documentation in support of the UEC Transformation Programme - Acute Kidney Injury (AKI) Standard Operating Procedure** Medicines Management Representative provided background to the AKI agenda items previously agreed and the SOP that had been developed to support the prescribing of certain medications that required a safety warning to patients, should they suffer from sickness and diarrhoea. It was explained to the committee that the safety message would be applied to medications that were being initiated for new patients. A list of the relevant drugs would be included with the SOP as an appendix and it was acknowledged that the safety message could be applied to the type of drug and would not need to be specified for each brand name and dose. It was suggested that the three IT system (Emis Web, SystmONE, Vision) providers be contacted to establish whether the safety message could be incorporated in a programme nationally to avoid each GP practice being visited and this was to be explored. **Approved.**	**MMT** - Explore the possibility of the three IT system providers placing the message on their system nationally
35.21	**BHR CCGs APC Annual Report** Medicines Management Representative had produced the BHR CCGs Annual Report for the committee to consider and this was approved subject to amendment. **Approved subject to amendment.**	**MMT** - Page 1, bullet point 1, amend the final sentence to 'Redacted minutes are now on the public facing CCG websites.'
	One of the Medicines Management Representative left the room whilst the following items were discussed.	
35.22	**Switching from Macrogol to Cosmocol/Laxido Protocol** Medicines Management Representative presented details of an audit to review patients receiving Movicol or Molaxole (Macrogol) and consider a switch to Cosmocol or Laxido. The audit which would be facilitated by the Practice Support Officers (PSOs) could produce a saving of up to 50% of the current spend. The committee considered the options and agreed the following: • Cosmocol and Laxido to be added as options for prescribing if a Macrogol was indicated • Add Cosmocol and Laxido to the BHRUT formulary and Barts Health formulary	**MMT** - To action the options approved by the committee - Endorse the protocol as approved

	• Practice Support Officers to switch patients who are taking Macrogol (Movicol and Molaxole) to Cosmocol and Laxido • Add switch message to ScriptSwitch **Approved.**	
	LPC Representative left the meeting	
35.23	**Switching from Seretide Accuhaler to Aerivio or AirFlusal Protocol** Medicines Management Representative presented details of an audit to review asthma and Chronic Obstructive Pulmonary Disease (COPD) patients who were currently receiving Seretide Accuhaler (Fluticasone 500mcg/Salmeterol 50mcg/dose dry powder inhaler) and consider a switch to either Aerivio Spiromax or Airflusal Forspiro. It was suggested that communication should be made with the patient's community pharmacy to ensure that as part of the New Medicines Service (NMS) the patient is shown how to use the new device. Support from pharmaceutical companies could also be sought if required. Redbridge Prescribing Clinical Lead suggested NHSi could be contacted to explore the possibility of nurse support. The committee considered the options and agreed the following: • Aerivio and AirFluSal to be added as an option for prescribing if Seretide Accuhaler was indicated for asthma or COPD • Request to add Aerivio and AirFluSal to the BHRUT formulary and Barts Health NHS Trust formulary • PSOs to switch patients who are taking Seretide 500 Accuhaler and its generic equivalent to Aerivio or AirFluSal • Add switch message to ScriptSwitch **Approved.**	**MMT** - To action the options approved by the committee - To add to the protocol the requirement for the PSO to send a note to the patient's community pharmacist to counsel on how to use the device as part of the NMS - Endorse the protocol as approved
35.24	**DuoResp Switch Protocol** Further to the agreement by the APC in January 2015 to recommend the use of DuoResp Spiromax as the most cost effective inhaled corticosteroid and long acting beta agonist combination inhaler the saving efficiencies outlined were yet to be realised. Therefore the committee was requested to consider the following: • Agree to utilising PSOs to implement a change from generically prescribed Budesonide/Formoterol to DuoResp branded prescribing • Agree the DuoResp prescribing change protocol • Include the potential of switching Symbicort Turbohaler patients to DuoResp as an option if individual practices agree	**MMT** - To action all the options approved by the committee - To add to the protocol the requirement for the patient's community pharmacy to be informed as part of the NMS to ensure that the patient is shown how to use the new device - Remove the Budesonide/Formoterol or Symbicort Turbohaler 100/6 dose inhalers from the protocol for switching - Endorse the protocol as approved

	It was agreed that adult patients receiving the Budesonide/Formoterol or Symbicort Turbohaler 100/6 dose should be removed from the list of those to be considered for switching. It was requested that the protocol include the request for communication to be forwarded to the patient's community pharmacy to ensure that they were shown how to use the new device as part of the NMS. **The committee approved all of the above.**	
	The Medicines Management Representative (who had previously left the room) re-joined the meeting	
35.25	**Reviewing the current prescribing of Co-Proxamol** Medicines Management Representative presented the details of an audit to withdraw co-proxamol as a treatment option for new and existing patients suffering from mild to moderate pain. It was explained that the reviews would be undertaken by the PSOs and could save up to £115k over a 12 month period across BHR. Concern was raised that patients would be reluctant to change from their current treatment and it was therefore suggested that advice from both BHRUT/Barts Health NHS Trust pain clinics be sought to support the withdrawal of co-proxamol for these patients. It was also acknowledged that co-proxamol was soon to be 'black listed' and therefore would be unavailable in the future for prescribing. This was therefore an opportunity to make patients aware of the imminent unavailability of co-proxamol on FP10. **Approved.**	**MMT** - Update ScriptSwitch with appropriate messages for co-proxamol - Implement the switch programme via the PSOs - Endorse the protocol as approved
35.26	**Any other business** <u>NOACs for Atrial Fibrillation in B&D CCG</u> – BHR LMC Representative asked if a business case to support GPs to prescribe NOACs in B & D practices could be drafted. However, BK explained that a pilot scheme was currently running in Redbridge CCG to support GPs with prescribing including offering training if required. Medicines Management Representative stated that anticoagulation in AF was the scheme being piloted in Redbridge, for possible wider rollout if deemed successful, whilst a Diabetes project was running currently in Barking & Dagenham and Havering. Any request for additional projects would require business cases to be submitted to the Primary Care Transformation Team for consideration. <u>Sharing Resources</u> - Medicines Management Representative explained that an issue had arisen regarding the wider access to owned documents within the NHS and whether they should be freely shared amongst the various organisations. It had become apparent that NELCSU were	

	unwilling to share certain documents eg. tick box forms and therefore the committee was asked whether a similar stance should be taken by the CCGs. After discussion it was agreed that sharing documents amongst organisations benefitted the NHS avoiding unnecessary duplication of work. Therefore the committee agreed that BHR CCGs would make available upon request their owned documents on the understanding that acknowledgement of source would be incorporated into any adopted version. Frequency of meetings/venues – Due to the increased number of papers submitted to the committee for a decision it was suggested that monthly meetings be considered. The committee agreed that the meeting should remain bi-monthly to enable the scheduled time for consultation to remain. Future venues for the APC meetings were discussed as the removal of car parking facilities at Becketts House was causing an issue for attendees who were struggling to find alternative parking nearby. It was agreed that the next meeting should be rearranged at Barking Hospital, Upney Lane where sufficient car parking was available. Shared Care – Concern was raised again regarding the increased number of shared care guidelines that were being produced and the subsequent increase to GPs workload in supporting patient treatment. The issue of letters being forwarded to GP practices to sign and return to confirm the acceptance to shared care was raised as it appeared that these were not always received from secondary care. It was apparent that a further discussion to establish an appropriate resource to support shared care needed to take place. Whilst previously shared care had required the GP to prescribe for the patient, there was an increase in the number of requests now being made to share the monitoring of the patient which GPs felt was a further increase to their already busy work-load. It was agreed that the three clinical prescribing directors should produce a letter to be sent to the Chair of the Clinical Commissioning Groups requesting that a meeting take place to discuss possible solutions to address the current pressures on GPs to support shared care in BHR.	**MMT** - To check venue availability for future APC meetings at Barking Hospital and confirm details via email to the committee **CD Prescribing Leads** - To write a letter to the Chair of the Clinical Commissioning Groups explaining the current pressure on GP practices to support shared care and request that solutions be considered
	Meeting closed at 3.20pm.	
	Date of next meetings: **TUESDAY 18TH July at 12.30, venue to be confirmed**	