

**MILTON KEYNES Clinical Commissioning Group
Prescribing Group**

Jim Laughton (JL) (Chair)	GP, Broughton Gate Practice		
Janet Corbett (JC)	Director of Clinical Development & Chief Pharmacist, CCG	Mulukutla Prasad (MP)	GP, Neath Hill Health Centre
Helen Chadwick (HC)	Chief Pharmacist, MKCHS	Edward Sivills (ES)	GP, CMK Medical Centre
Sue Ashwell	Interim Chief Pharmacist, MKHFT	Maggie Wyke (MW)	GP, Watling Vale Medical Centre
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Joanne Burgess	District Nurse / Non-Medical Prescriber Red House Surgery
Nigel Fagan (NF)	GP, Red House Surgery	Bhervi Patel (BP)	Community Pharmacist
Amit Karia (AK)	GP, Water Eaton Health Centre	Arun Vaidyanathan (AV)	Patient Representative
c.c. Folake Kufeji (FK)	Formulary Pharmacist, MKHFT		

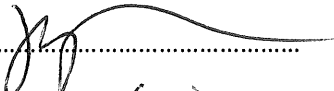
**Minutes of the Prescribing Group Meeting held on
Wednesday 1st May 2013**

	Present		Action
	<p>Jim Laughton (Chair) Nigel Fagan Joanne Burgess</p> <p>Janet Corbett Amit Karia Bhervi Patel</p> <p>Nikki Woodhall Edward Sivills Arun Vaidyanathan</p> <p>Sue Ashwell Maggie Wyke</p>		
1.	Introductions and welcome		
	In attendance (on behalf of HC) – Naomi Fleming, Antibiotic Pharmacist, MKCHS Observing – Sam Smith, Practice Nurse		
2.	Apologies for absence		
	Helen Chadwick and Dr Prasad		
3.	Minutes of last meeting held on 6th March 2013		
	The minutes were signed as an accurate record of the meeting by Jim Laughton		
4.	Matters Arising		
	<ul style="list-style-type: none"> • Prescribing Incentive Scheme 2103-14 <p>NW confirmed that the points that were raised at the last meeting had been actioned and the scheme has now been sent out to practices. There have been 4 practice visits to date. The audit reports for PIS 2012/13 should be received by all practices by Friday 3rd May. The outcome of the scheme will be brought to the next meeting. JC noted that the quality of the QOF and PIS audit reports have significantly improved and the practices had certainly upped their game.</p> <p>JL asked if Broughton Gate was included in the new prescribing incentive scheme. NW confirmed that as the Medicines Management targets had been removed from QOF this year it was agreed to allow B/Gate to take part in order to meet with the Pharmaceutical Advisers and have the opportunity to discuss prescribing issues</p>		

5.	End of Life Care – Just in Case bag	
	<p>JC informed the group that a working party has been formed to re-look at this issue which was originally started in 2004 and to review the list of drugs and update the policy including a notification letter, a patient information leaflet and a management of EOL symptoms flow chart. JC asked for any comments to feed back to the working party.</p> <p>HC (via Naomi) made a couple of comments (i.e.) who should fill in the form, and formatting issues including standardising boxes to bags and filling in some missing text where decisions were outstanding. Also the flow chart needed amending.</p> <p>Other comments included where the bag should be placed to enable health care professionals to locate this immediately without having to search the patient's house.</p> <p>MW asked for better guidance on quantities of medicines to be issued.</p> <p>ES recommend changing bags to be in patient's homes a few weeks prior to death rather than a few days.</p> <p>These comments were noted JC who will feed back to Lisa Barnes the End of Life Co-ordinator.</p> <p>NF mentioned that SystmOne had a good system which was used for immunisations called "Auto Consultation" and was asked to send this information to the Users Group so it can be used in future training sessions.</p> <p>Any further comments on the documentation should be emailed to JC.</p>	<p>JC</p> <p>NF</p> <p>All</p>
6.	Prescribing Queries for LTC for hospital patients	
	<p>SA submitted a document for discussion (as attached) and asking the group on the best way to communicate issues identified in relation to prescribing at the interface between hospital and primary care.</p> <p>The initial thoughts was to prioritise safety issues including issues that are normally highlighted in MURs as GPs find these useful e.g. patients non-compliance.</p> <p>Comments included: Doses could cause a snowstorm of paperwork so not to start with these, but for the hospital to record common drugs where dose's not titrated and to feedback to JC to manage. Use faxes to inform community pharmacies of changes to medication regimes prior to discharge. Issues with regard to Dosette boxes and specials were also discussed.</p> <p>It was suggested to use the Neighbourhood Pharmacists for filtering this information. This would need an nhs.net account set up for this purpose.</p> <p>Any further comments to be emailed to SA directly.</p>	<p>SA/JC</p> <p>All</p>
7.	COPD Rescue Packs	
	<p><i>Self-Management of a Flare Up (attached)</i></p> <p>SA advised the group of a piece of work that a sub-group of the local Respiratory LIT group have been undertaking with the support of patient representatives from the LIT and Breathe Easy group, to produce standby packs including a patient information leaflet for COPD patients who have a flare-up (exacerbation).</p> <p>SA submitted a draft patient information leaflet for discussion / comments. The idea is to create a pack that will hold the leaflet, a stand-by course of Prednisolone and Doxycycline for patients to use at the start of a flare-up. Initially the packs will be issued by the hospital Advanced Nurse practitioners in Respiratory to patients prior to discharge with information on how to use the packs.</p>	

	<p>SA asked GPs for support to produce FP10s for further courses of Doxycycline and Prednisolone when patients had used the previous supply. Doxycycline use as the preferred choice of antibiotic was supported by the hospital consultant microbiologist and was seen as a good way to standardise treatment for COPD flare-ups.</p> <p>SA has agreed to pay for the printing of the PILs and she will take back to LIT to develop a bag that will work well amongst other bags in current use.</p> <p>Deadline for comments for SA to feedback to Respiratory LIT group – 10th May</p>	<p>SA</p> <p>All</p>
8.	Formulary Applications	
	Ulipristal – SA to follow this application up.	SA
9.	Patient Group Directions	
	<p>JC submitted EHC PGD for approval. This has been updated to reflect the age limit being changed to 25 years. PGD approved.</p> <p>BP asked when new service spec would be available for use. JC confirmed that Public Health would be sending out the new service spec as soon as PGD was signed off. Formatting issues including changing PCT to CCG or Public Health logo.</p>	JC
10.	MK Prescribing Advisory Group (MKPAG)	
	<p>The first meeting was held 10th April. SA thanked NF for his attendance. The notes will be available on the formulary website.</p> <p>It was suggested that reasons for items being turned down for the Formulary should be communicated i.e. Prescribing News / Formulary website.</p>	
11.	Prescribing Forum Update	
	No meeting was held as there was no current data on high cost drugs. The next meeting is scheduled for 15 th May.	JC
12.	Professional Issues / Any Other Business	
	<p>Naomi asked for thoughts about an unlicensed antibiotic called Fosfomycin which was a special imported £10 per sachet to be considered for use in UTI ESBLs following a culture result. Dr Raganathan is keen to use and is holding off publishing in sensitivities until the supply issue is resolved. This is to be considered at the next MKPAG meeting.</p> <p>There was a long discussion on how to get this to patients (who were mainly considered to be elderly / immobile / no support and unable to collect these from pharmacies / hospitals) and the postal system seemed to be the easiest and cheapest way of distribution and in relation to the number of patients. There were other concerns about patients having to wait for treatment, lack of communication to the patient on when and how to take and also the ability for community pharmacies to hold stock.</p> <p>It was agreed this needed further thought and ideas should be sent to SA.</p>	ALL
	<p>Date of Next Meeting Wednesday 3rd July 7.30am, Sherwood Place, Boardroom 1</p>	

Minutes approved as an accurate record by:

(Signature): 

Print Name: Dr. J. LAUGHTON

Position: Chair (G.P.)

Date: 03-JUL-2013