

**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, CNWL - 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
		Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre
c.c. Folake Kufeji (FK)	Formulary Pharmacist, MKHFT		

**Minutes of the Prescribing Group Meeting held on
Wednesday 3rd July 2013**

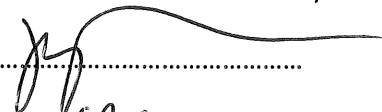
	Present		Action
	<p>Jim Laughton (Chair) Nigel Fagan Joanne Burgess</p> <p>Janet Corbett Amit Karia Bhervi Patel</p> <p>Nikki Woodhall Edward Sivills Fatima Mohri</p> <p>Helen Chadwick Maggie Wyke</p>		
1.	Introductions and welcome		
	Dr Fatima Mohri – GP from Newport Pagnell was welcomed to the group and introductions made		
2.	Apologies for absence		
	Dr Prasad and Arun Vaidyanathan		
3.	Minutes of last meeting held on 1st May 2013		
	The minutes were signed as an accurate record of the meeting by Jim Laughton		
4.	Matters Arising		
	<ul style="list-style-type: none"> • End of Life Care – Just in Case bag JC confirmed that work was still on-going to finalise paperwork to support this scheme. It is taking longer than expected due to CNWL-MK needing to authorise for use. Patient info leaflet – feedback from patient representative that they didn't think patients / carers needed to know the list of which drugs were in the JIC bags and would just add to confusion and concerns. MW added she felt this was a backward step as we should be ensuring patients are informed about medicines and this was not supportive of engaging with patients in their decisions and also not necessarily representative of all patients. MW suggested Jaff Newton would be a useful person to contact to be involved with PIL. JC to feedback to Lisa Barnes. • Prescribing Queries for LTC for hospital patients JC informed the group that inappropriate requests from secondary care were still being fed back to the hospital via Sue Ashwell. The Out-Patient recommended leaflet to GPs has been updated – see attached. Any further comments please feedback to JC. Requests are coming from hospital urologists for GPs to prescribe Mirabegron (new agent for urinary frequency and incontinence) before a formulary application has been 	JC	

	submitted.	
	<p>JC has agreed with SA to cross charge primary care prescribing back to hospital (until application to MKPAG). This will then be cross charged to hospital consultants' budgets. FM asked about private hospitals and what would happen with private patients being seen and requests made. JC confirmed that if private patients did not wish to pay for drug privately and asked GP to prescribe, the GP should follow the NHS formulary. Private hospitals should also be following local formulary – JC to contact Saxon etc.</p> <ul style="list-style-type: none"> <p>COPD Rescue Packs There is a Respiratory training session on 23rd July – this will be the launch of the packs. NW informed group that the Respiratory Lit were producing guidance on when the packs should be used (when it was appropriate to use Doxycycline and Prednisolone) to ensure appropriate use.</p> <p>Fosfomycin JL said he had treated a patient with Fosfomycin following the previous meeting. Subsequently the patient has had a result showing Fosfomycin-resistant sample. To be fed back to Naomi Fleming. NF asked if the paperwork could have a link to SPC for Fosfomycin for GP information on interactions etc. JC thinks the paperwork had already been sent out and we would need to send the link out to GPs via Prescribing News / Formulary MK / email. HC to also follow up with Naomi. <i>Post-meeting note</i> – Fosfomycin is available on ScriptSwitch. A message has been added with links to FormularyMK website for SPC, PIL and prescribing guidance. These were sent out previously in the post from the hospital pharmacy department. http://www.formularymk.nhs.uk/5-Infections/</p> 	JC JC HC
5.	Primary Care Rebate schemes	
	JC informed the group of opportunities to get rebates schemes on volume of prescribing by GPs. London Procurement Program has produced a paper which sets out overarching principles on such schemes. CCGs should not modify recommendations purely on the basis of rebates. MK has avoided such schemes in the past. JC proposed that MK sign up to 3 schemes where products are currently being prescribed, without promoting increased usage. JC wanted to re-assure the group that MKCCG would only enter into schemes where the CCG benefits and there would be no detriment to patient care.	
6.	Gluten Free Policy	
	<p>JC submitted an updated policy which now includes Oats and Cereals. BP asked that we advise prescribers that when prescribing fresh bread they can only be ordered in packs of 8 loaves. Also that Lifestyle bread and Orgran products should not be prescribed where possible as the post & packaging normally makes them significantly more expensive than other products. NW to look and see what is available on ScriptSwitch and if possible to add note. NW said that she had spoken to paediatric dietician following a letter to GP asking for cake mixes, biscuits etc. to be prescribed. They were not aware of the guidance – NW to email updated guidance. JC to check with BP on preferred product choice list to ensure still appropriate.</p> <p>MW asked if practices should be removing cakes, biscuits etc. from prescribing. The group agreed this should be done. JC added that several practices have already completed this as a QOF target last year. It was felt it was important to remind patients that the guidance was based on recommendations from Coeliac Society.</p> <p>HC noted there was no date or review date on guidance – to be added before being re-sent out.</p>	JC/NW BP

7.	PIS 2012/13 Pay-outs board report	
	<p>NW submitted paper that was approved at last week's board meeting. Letters will be sent out to practices tomorrow with an updated process on how to claim the money. Practices need to commit all available funds before 31st March 2014 and all invoices claimed before 31st July 2014. ES noted that practices either fully achieved the targets or failed miserably. He recommended we should look for trends and engage these practices. NW explained that some practices started making changes too late in the year to meet the targets. As the targets haven't changed too much this year we would expect most practices to meet them in the current financial year.</p>	
8.	ScriptSwitch	
	<p>NW submitted a newsletter to be circulated to practices and community pharmacies. It highlights savings for last year; it is still saving more than it costs to run with the added benefit of providing messages to enhance the quality of prescribing. It also raises awareness of potential savings still to be made by prescribing generically especially with Xalatan and Aricept. Nystatin should be prescribed by brand (Nystan) as this is significantly cheaper. NW confirmed with BP that the supply issues have been resolved. NW to add the switch back on to ScriptSwitch.</p>	
9.	Patient Group Directions	
	<p>JC explained that NHS England is taking responsibility for writing PGDs for childhood immunisations as they now commission that service. They have recently issued an updated PGD for Meningitis C and one for the new Rotavirus program. Practices should have received these already. JC to clarify if they will be issuing one for the flu campaign. JC submitted Repevax PGD for approval. Technically this is part of the childhood immunisations but because other areas have in-date PGDs and ours has expired we have had to do one in the interim. Small updates for Repevax. HC highlighted need to remove reference to Oral Polio vaccine from last section and slight change to ADR's and if fever resolved within 24 hours. With these changes the PGD was approved. N.B There will now be two different formats of PGDs in use within MK practices.</p>	JC
10.	Asthma Prescribing Guidelines	
	<p>NW submitted draft asthma prescribing guidelines for comments. The guidance is based on BTS/Sign guidance. SMART therapy was discussed. NW expressed some concerns that some patients may use inappropriately and get too much steroid. It was agreed a reference should be added with guidance on when it may be useful to use. NW to go back to BTS/Sign for clarification and see if there is any documented evidence of benefits and safety of SMART. NW has tried to ensure patients could stay on the same device whichever treatment they are on to improve inhaler technique and prevent confusion. It was agreed this was a good approach to add Easyhaler and Novoliser device. NW to follow up on getting added to the formulary. It was agreed that it would be useful to have a back page with information of devices. Maybe it would also be helpful to add arrows across the steps to show how to stay on the same device. MW said it was important to start on correct device in the first place. HC asked about education program for new devices. NW explained that she was starting the inhaler technique re-audit in September and would use some of the time discussing the guidance and new devices, time allowing. JB asked if placebos were available at all consultations. NW said no due to infection prevention problems. They have in-check dials which can help with decision making but HCPs should have placebos available where possible to show patients how to use. FM asked if we could</p>	NW

	produce a patient information leaflet explaining importance of stepping down treatment and getting inhaler technique checked regularly. JC submitted COPD treatment pathway which is early in development from MKHFT. Comments back to JC. BP said there was no definition of SAMA and logos need changing to encompass primary, secondary care and CHS (CNWL).	JC
11.	Formulary Applications	
	<ul style="list-style-type: none"> Glycopyrronium – device similar to HandiHaler- query benefit over Tiotropium Acclidinium – device is similar to Novoliser which is simply to use if patients have dexterity problems with using the HandiHaler <p>It was unclear based on the drugs which would be beneficial after Tiotropium (first line option) as both tested against placebo and full data not presented. Taking into account the devices and reasons of when Tiotropium would not be used it was agreed Acclidinium as second line option. Ensure it is clear that ipratropium should stop when starting LAMA.</p>	JC / NW
12.	MK Prescribing Advisory Group (MKPAG)	
	No minutes available yet from the meeting on 29 th May. Primary care issues – application for Versatis and Buprenorphine patch for palliative care. They were accepted ONLY for that indication. There were some concerns of the wider use. Valaciclovir was approved for 2 nd line option if compliance a problem with aciclovir.	
13.	Prescribing Forum Update	
	JC met with SA to review primary care queries. A work plan was developed to bring formulary up to date. There is a meeting next week to look at chapter 7 – urology products.	
14.	Professional Issues / Any Other Business	
	Date of Next Meeting Wednesday 4th September 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature):  Print Name: P. S. Lawton
 Position: G.P. Cron Date: 02 - OCT - 2013