Milton Keynes NHS
Primary Care Trust

MILTON KEYNES PRIMARY CARE TRUST
Prescribing Group

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

Minutes of the Prescribing Group Meeting held on Wednesday 6th March 2013

		Action
1.	**Introductions and welcome**	
	JC – Acting Chair in Dr Laughton absence. In attendance – Naomi Fleming, Antibiotic Pharmacist, MKCHS (NFI)	
2.	**Apologies for absence**	
	Dr Laughton, Dr Karia. JC informed the group that she had spoken with Dr Minney who has resigned from the group due to other commitments. JC recorded her thanks to him for his input over the years. There is therefore a need for a replacement GP – any recommendations to JC.	**ALL**
3.	**Minutes of last meeting on 9th January 201**	
	• The minutes were signed as an accurate record of the meeting by Janet Corbett.	
4.	**Matters Arising**	
	• **Terms of Reference -** these were agreed at the last meeting and will be sent out with these minutes • **PGD's – EHC for Community Pharmacy use.** JC took back comments from last meeting re EHC and age limit. Public Health are revising PGD to reflect increased age limit to 25. JC to check when the changes will start. • **Ulipristal shared care –** JC informed the group that she had looked at the Kettering information but it was more guidance than a shared care protocol and so this has not progressed. To be taken to next MKPAG (M&TC) meeting to discuss • **ScriptSwitch -** JC confirmed that following agreement at the last meeting she has extended the contract for another year (31st March 2014). This should give us time to work with alternative company to ensure appropriate to switch. • **Priorities Panel –** JC to update service offer from GEM. Current suggested spec for priorities/IFR requests does not meet requirements. Details to follow on where practices should send requests to. To clarify what goes where, a flow chart will be devised to assist. • **"Improving the use of medicines for better outcomes and reduced waste" -** paper was taken to pharmacy team meeting and discussed. All areas already being addressed.	**NW** **JC** **JC**
5.	**Prescribing Incentive Scheme 2013-14 (attached)**	
	NW outlined proposed new Prescribing Incentive Scheme for April – March 2013/14 which is to include elements of QOF Medicines Management targets. The qualifying target is	

	meeting with the Pharmaceutical Advisers prior to September 2013. Pre-baseline information included. Wording has switched on some targets so everything is now "less than" rather than "more than". Targets for Sartans/ACEIs, Lipids/Ezetimibe and Co-Amoxiclav/Cephs&Quins are now amalgamated. Discussed new targets and changes from previous year. The only completely new target is fluticasone use. Two further audits included, including antibiotic audit to follow up on QOF 12/13. NW has arranged to attend practice managers meeting in April to go through scheme and answer any questions. NW asked for comments. NF said the change to "less than" and the scheme as a whole was very clear. JC – clarification of wording on the list of audits to **"choice below or as agreed with PA's".** NF – query whether to allow practices extra support if struggling with targets e.g. high Co-Amoxiclav use to encourage movement/change. MP – commented it can be difficult for small practices as a few patients can make all the difference with %. JC noted discussions in the past with Cobbs – they are low prescribers of antibiotics overall so their % of Ceph/Quins is higher. NW explained the scheme should allow for these issues as practices didn't need to meet all targets to be eligible for full payment. It was requested that a **list of which statins and sartans are high cost** to be circulated with the scheme. ES - asked for **definition of STAR-PUs be added to paper** for clarification. Also asked if practices could get ½ point if don't meet the qualifying section of 2 part targets but meet other section? The PA's agreed to consider this when reviewing final data of scheme. NW noted the financial constraints are more difficult this year and the scheme has to pay for itself. List of suggested audits – **PA's to develop templates** for practices to use Discussion about whether the payment schedule is challenging enough. MW said the scheme needed to ensure it was achievable to prevent disengagement with the prescribing agenda. NW to clarify the **wording on the paper for the qualifying elements** of the 2 part-targets.	**NW / PA's**
6.	**Empirical Guidance on the Management of Infection in Primary Care in adults (attached)** Naomi Fleming in attendance	
	NFI presented the guidance - based on new HPA guidance - now includes dental infections guidance - discussions had over format of the guidance as has increased in size and will no longer fit as double sided A4 - some practices have asked for the new changes to be highlighted - amend NHS Direct to 111 - Ear Calm – add available OTC - Otitis externa – wouldn't start AB's AND refer should be changed to start Antibiotics **OR** refer - Switching between clarithromycin and erythromycin throughout the guidance – generally clarithromycin preferred unless consultant microbiologist insisted on use of erythromycin or use in children as erythromycin syrup significantly cheaper than clarithromycin - Discussion re: dentists not seeing patients and referring to GP to prescribe antibiotics - very useful document - NFI to make changes and send to JC to re-circulate to ensure changes reflect discussions before sending out - NFI to amend format for appropriate page breaks and ensure most frequent use first i.e. Respiratory, UTI, Skin and then others - Highlighted version to be sent out via email - Hard copy (highlights taken off) to be sent to practices - Finalised version to be put on formulary website - Also to go out to community pharmacies	**NFI** **PA's**

7.	JC asked the group to send in any ideas for neighbourhood pharmacists work plan for 2013/14 JC meeting with Steve Allan / Wendy Illsley to look at what can be commissioned from community pharmacy. GP's want to know stock shortages ISMN shortage – guidance about to go out Aciferol shortage – Colvit is available 50,000units. **Post meeting note -** NW has spoken with company who supply Aciferol and confirmed there is no stock problems and community pharmacies can get from AAH or phoenix (BP has confirmed via AAH). Please let NW know if there continues to be issues.	**ALL** **JC**
8.	**Formulary Applications**	
	• **Nitrofurantoin MR** – NFI reported increased use of nitrofurantoin due to changes in resistance patterns. HPA now include MR as treatment option. Not currently in our guidance as not on the formulary. Evidence from HIV studies shows resistance increased with decreased concordance. MK is using 50mg capsules and tablets – tablets are significantly more expensive. Tablets to capsules switch has been added to ScriptSwitch. MR would be cheaper than tablets (but still slightly more expensive than capsules) and would get savings if switched up to 1/3 of patients to MR. Savings and improved outcomes with use of MR especially in those patients with compliance issues or admin via DN service, this would be v. helpful. It was suggested to add it to the formulary for those patients unlikely to be compliant with a QDS regimen. This includes mental health service users. **The group supported the formulary application.** HC/JC to email Sue Ashwell to see if can get quick approval from M&TC to include in antibiotic prescribing guidance before being sent out. • Glycopyrronium inhaler (Seebri Breezhaler) - JC thanked the group for previous comments which have been fed back to M&TC.	**JC** **HC/JC**
9.	**Patient Group Directions**	
	• DH/MHRA guidance. Legislation changes required as Cog's not able to currently authorise PGDs. Transition arrangements in place to allow current PGDs to move across to new organisation. Needs approval from this committee. **Prescribing Group agrees to adopt all current MKPCT PGDs.** JC to write to nurses to confirm this. JC to take to transition board for information.	**JC**
10.	**MK Medicines & Therapeutics Committee Update**	
	Changes in progress. Old M&TC now ceased. MK Prescribing Advisory Group (MKPAG) – first meeting on 10th April. JC requested a back up GP for NF if he is unable to attend meetings. Re-named and re-focus to raise the profile of the committee. Meetings have moved to Wednesday lunchtimes to help engagement of hospital consultants. Advisory role – because the decision on funding will sit with directorates in hospital, PAG will give guidance on whether the drug is suitable for use. Chair – is likely to be Jonathan Ellis **HC/JC to clarify impact on formulary.**	**HC/JC**
11.	**Prescribing Forum Update**	
	All feedback has been passed on to the hospital. SA following up with clinicians. SA has advised paediatrics when they should be prescribing. Issues were raised about patients leaving the hospital without medication both TTO & discharge and out-patients due to long pharmacy wait times. Issues with Dosette box	

	patients – not giving 48hours notice before discharge. Please continue to send JC written issues which will be passed on to SA at the hospital.	**All**
13.	**Professional Issues / Any Other Business**	
	• New GMC guidance on prescribing published. JC to include in next newsletter **Post-meeting note** • **Budget setting method attached with minutes – please send any comments to JC**	**JC** **All**
14.	**Date of Next Meeting**	
	Wednesday 1st May 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): ..... Print Name: Dr J. LAUGHTON

Position: CHAIR (GP) Date: 01-MAY-2013