

MILTON KEYNES PRIMARY CARE TRUST Prescribing Group

Sarah Whiteman (SW) (Chair)
Janet Corbett (JC)
Helen Chadwick (HC)
Nikki Woodhall (NW)
Amit Karia (AK)
Folake Kufeji (FK)
Mulukutla Prasad (MP)

Medical Director, NHS MK
Head of Prescribing, Clinical Change & Performance, MK Commissioning
Deputy Head of Prescribing & Medicines Management, MK Commissioning
Senior Medicines Management Technician, MK Commissioning
GP, Water Eaton Health Centre
Formulary Pharmacist, MKHFT
GP, Neath Hill Health Centre

Maggie Wyke (MW)
Nigel Fagan (NF)
Ahmed Nasiri (AN)
Paul Minney (PM)
Joanne Burgess (JBu)
Bhervi Patel (BP)
Arun Vaidyanathan (AV)
Tahira Mushtaq (TM)

GP, Watling Vale Medical Centre
GP, Red House Surgery
GP, Sovereign Medical Centre
GP, Parkside Medical Centre
District Nurse / Non-medical Prescriber
Community Pharmacist
Patient Representative
Pharmacist, Woodhill Prison

Copy to Niall Ferguson, Chief Pharmacist MKHFT

Minutes of the Prescribing Group Meeting held on Wednesday 11th January 2012

	Present	Action
	<p>Sarah Whiteman (Chair) Arun Vaidyanathan Bhervi Patel Janet Corbett Nikki Woodhall Tahira Mushtaq Nigel Fagan Amit Karia Paul Minney Helen Chadwick Mulukutla Prasad</p>	
1.	Introductions	
	Introductions were made. Nikki Hughes' role has now changed and she will no longer be a regular member of this group. Nikki was thanked for her valuable contributions to the group over the years.	
2.	Apologies for absence	
	Maggie Wyke, Ahmed Nasiri	
3.	Minutes of last meeting on 7th September 2011	
	The minutes were signed as an accurate record of the meeting.	
4.	Matters Arising	
4.1	MK Medicines & Therapeutics Committee Terms of Reference	
	JC advised that the ToR still haven't been agreed and discussions are ongoing.	
4.2	GP Representative for M&TC	
	Nigel Fagan has kindly agreed to attend these meetings.	
5	Gluten Free Food Prescribing Guidance	
	HC advised that this had been revised to remove sweet biscuits and cakes etc. This is in line with the guidance offered by the Coeliac UK. The guidance was approved by the group for circulation via e-mail and Prescribing News.	HC
6	Prescribing Incentive Scheme	
	NW circulated an updated paper which included an additional target based around co-amoxiclav and explained how the new scheme would work. NW advised she would send the audit templates round for comment at a later date. Clarification was	NW

	sought on the payment practices would receive. The scheme was approved by the group. It will now go to MK Commissioning for final approval.	JC
7	Prescribing Budget Setting Process	
	NW & JC brought this paper to outline how prescribing budgets would be set for 2012/13. It was noted that the formula includes a 5% historic element and 95% capitation. NW noted that at the current time, all practices are predicted to under spend in 2011/12. The paper was agreed. It will now go to MK Commissioning for final approval.	JC
8.	Formulary Applications	
8.1	Forceval	
	The group supported the addition of Forceval to the formulary subject to the provision of information on how long it should be continued and when it should stop.	
8.2	Entecavir	
	The group supported the addition of Entecavir to the formulary in line with NICE guidance. However, concerns were raised about GPs being asked to monitor and prescribe it as: <ol style="list-style-type: none"> 1. this is not a usual primary care drug 2. GPs are not familiar with the request of or interpretation of viral load testing 3. There will be so few patients, the GP will not be able to build up a level of expertise to allow safe prescribing. The group therefore felt that prescribing should be maintained by the hospital. This will not have a financial implication on the hospital as the drug is PBR excluded.	
8.3	Tenofovir	
	The group supported the addition of tenofovir to the formulary in line with NICE guidance. However, concerns were raised about GPs being asked to monitor and prescribe it as: <ol style="list-style-type: none"> 1. this is not a usual primary care drug 2. GPs are not familiar with the request of or interpretation of viral load testing 3. There will be so few patients, the GP will not be able to build up a level of expertise to allow safe prescribing. The group therefore felt that prescribing should be maintained by the hospital. This will not have a financial implication on the hospital as the drug is PBR excluded.	
9	Shared Care Guidelines	
9.1	Azathioprine Shared Care Guideline	
	This document was welcomed. The Group asked for a few areas to be confirmed: <ol style="list-style-type: none"> 1. Clarify that the hospital will prescribe until GP agreement has been obtained to pass over prescribing responsibility 2. Clarify if the hospital will be taking bloods as well as primary care. If so – will this result in duplication of effort. 3. Include information on pregnancy in the information to patient's checklist. 4. Ask the hospital to ensure that this and the rheumatology shared care guidelines are in line (i.e. same monitoring requirements) 5. Ask the hospital to send out the full shared care protocol with requests to GPs to take on prescribing. HC to feed back	HC

9.2	Azathioprine Patient Information Booklet	
	The group did not have any comments on the content of the booklet. However, there was some doubt about whether clinicians would complete it and whether patients would carry it due to its size. HC to feed back	HC
10	Prescribing Forum Update	
	JC advised that this subcommittee of the Contract Review Group met regularly. It also gives an opportunity to raise issues with the hospital with regard to problems GPs are seeing with medicines originating from the hospital.	
11	For Information	
	The Willen Hospice SOP and DVLA guidance on self monitoring of blood glucose were received and noted.	
11.	Professional Issues / Any Other Business	
	None	
	Date of Next Meeting	
	Wednesday 7th March 2012, 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: