

MILTON KEYNES PRIMARY CARE TRUST Prescribing Group

Sarah Whiteman (SW) (Chair) Janet Corbett (JC) Helen Chadwick (HC) Nikki Woodhall (NW) Folake Kufeji (FK) Jim Laughton (JL) Mulukutla Prasad (MP) Amit Karia (AK) Medical Director, NHS MK
Head of Prescribing & Clinical Quality, MK Commissioning
Chief Pharmacist, MKCHS
Senior Medicines Management Technician, MK Commissioning
Formulary Pharmacist, MKHFT
GP, Broughton Gate Practice
GP, Neath Hill Health Centre
GP. Water Eaton Health Centre

Maggie Wyke (MW) Nigel Fagan (NF) Edward Sivills (ES) 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, CMK Medical Centre GP, Parkside Medical Centre District Nurse / Non-medical Prescriber Community Pharmacist Patient Representative Pharmacist, Woodhill Prison

Copy to Busola Ade-Ojo, Interim Chief Pharmacist, MKHFT

Minutes of the Prescribing Group Meeting held on Wednesday 4th July 2012

	Present			Action
	Sarah Whiteman (Chair) Janet Corbett Helen Chadwick Nikki Woodhall	Paul Minney Joanne Burgess Maggie Wyke Nigel Fagan	Tahira Mushtaq Edward Sivills	
1.	Introductions and welcome			
	JC welcomed Edward Sivills onto the group			
2.	Apologies for absence			
	Mulukutla Prasad, Amit Ka	aria, Jim Laughton. Post	meeting apology Bhervi Patel	
3.	Minutes of last meeting on 7 th March 2012			
	The minutes were signed	as an accurate record of	the meeting.	
4.	Matters Arising			
4.1	GP Representatives			
	JC welcomed ES to the group as a new member. JL has also agreed to attend future meetings but has sent his apologies for today.			
4.2	Pharmaceutical Adviser Team update			
	are due to start over the r pharmacist this will allow across all the practices ba a week in the office, mana	next couple of months. We for each neighbourhood seed on need / requirem aging formulary, PGDs, som other neighbourhood	od. They will spread their time ents. Natalie will also do a day support NW with ScriptSwitch and pharmacists as needed. JC will	JC
5	Prescribing Incentive So	cheme revised targets	- sartans and statins	
	Valsartan (capsules only	- tablets will not be taker	PIS following price drops of into account as still expensive) actronically on a monthly basis in	NW

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place of the Prescribing Dashboard and paper reports will be sent to practice managers on quarterly basis. GPs asked for information regarding only valsartan capsules being included to be made clear to practices. NW confirmed all strengths were included. Post meeting note – this does not include branded or combination products.	
QOF QP Out turn report	
NW submitted report for group to note. It shows some practices met or were close to meeting the full targets. ES asked whether the CCG would be discussing the outcomes with the practices with low scores. JC said that she was picking up issues at the QOF practice meetings.	
Formulary Applications	
Indacaterol	
JC submitted formulary request for Indacaterol, a new LABA for use in COPD patients. The paper was discussed. NW informed the group of some of the pros and cons to this new drug following a discussion with Mark Baverstock. There were some concerns amongst the group of Indacaterol not being stopped when initiation of ICS was required and potential of 2 LABA's being prescribed together. The group asked for further clarification of the place in therapy and to have some clearer guidelines. JC agreed to take back to M&TC with comments. There is some prescribing in primary care already for Indacaterol and ES asked if we would follow this up with those practices involved. MW gave some feedback from her COPD course about the drug being heavily promoted and the need to inform nurse prescribers of formulary outcomes. HC agreed to discuss with NMPs / Community Matrons.	JC / HC
Dabigatran	
JC gave an update to the formulary position of Dabigatran. We have now passed the 3 month NICE deadline. It has been to M&TC twice but still requires work on the shared care protocol. Draft guidelines are to go out for consultation. JC informed the group of instances where dabigatran has been requested outside its licensed use and to people who do not fit NICE criteria. JC to supply a digest of the guidance when approved.	JC
Insulin Initiation in primary care – Sue Weatherhead in attendance	
Sue presented this updated guidance and highlighted the main changes to the group. The guidance is for Type 2 diabetics. It recommends the use of Human insulin's over the analogues where possible. Isophane is a good first line choice. For DVLA information SW recommends going direct to their site. HC asked for clarification about Exenatide MR as this had recently been added to the formulary	SW/JC
It was agreed that it was a useful document.	
JC asked SW and GPs thoughts on Insulin passport. Come the end of August, the CCG and providers including GP practices will be non-compliant with NPSA guidelines and the matter will need to go on the risk register. The group had a discussion and it was agreed to try and find a passport that the specialist diabetic team approved and to sign post practices to print and use at patient reviews.	1C
	managers on quarterly basis. GPs asked for information regarding only valsartan capsules being included to be made clear to practices. NW confirmed all strengths were included. Post meeting note – this does not include branded or combination products. QOF QP Out turn report NW submitted report for group to note. It shows some practices met or were close to meeting the full targets. ES asked whether the CCG would be discussing the outcomes with the practices with low scores. JC said that she was picking up issues at the QOF practice meetings. Formulary Applications Indacaterol JC submitted formulary request for Indacaterol, a new LABA for use in COPD patients. The paper was discussed. NW informed the group of some of the pros and cons to this new drug following a discussion with Mark Baverstock. There were some concerns amongst the group of Indacaterol not being stopped when initiation of ICS was required and potential of 2 LABA's being prescribed together. The group asked for further clarification of the place in therapy and to have some clearer guidelines. JC agreed to take back to M&TC with comments. There is some prescribing in primary care already for Indacaterol and ES asked if we would follow this up with those practices involved. MW gave some feedback from her COPD course about the drug being heavily promoted and the need to inform nurse prescribers of formulary outcomes. HC agreed to discuss with NMPs / Community Matrons. Dabigatran JC gave an update to the formulary position of Dabigatran. We have now passed the 3 month NICE deadline. It has been to M&TC twice but still requires work on the shared care protocol. Draft guidelines are to go out for consultation. JC informed the group of instances where dabigatran has been requested outside its licensed use and to people who do not fit NICE criteria. JC to supply a digest of the guidance when approved. Insulin Initiation in primary care — Sue Weatherhead in attendance Sue presented this updated guidance and highlighted the main changes to the gro

9.	DH and BMA Travel Guidance	
	JC presented this paper for discussion and local opinion. The BMA had published some guidance that was in variance to the regulations on charging patients for travel vaccines. The GPs agreed that if you could charge then you should. ES asked for clear guidance from the CCG for what would be reimbursed and what wouldn't. This may be difficult for some practices as they may feel they have a moral obligation. The group agreed that the CCG should issue guidance stating Hep A is allowed on the NHS for travel. Hep B, ACWY and the combination product of Hep A and Hep B is not allowed to be given on the NHS for travel. Guidance to be circulated to group for comment before issue. Post meeting note - PGD's had been signed off in November 2011. These will be circulated with the guidance.	JC
10	Patient Group Directions to note	
10.1	Aciclovir for Brook use	
	Already approved by chairs action. PGD noted by group.	
10.2	Oxygen for Brook use	
	Already approved by chairs action. PGD noted by group. ES made a comment on some clinical elements to the PGD and asked for clarification. JC agreed to discuss with Cathy Bruce.	JC
10.3	HPV PGD – for approval (Gardasil brand)	
	HC submitted PGD for approval. Schedule and dosing remains the same – just change of brand from Cervarix to Gardasil. Gardasil should be used for all new patients come September 2012. Cervarix should only be used to complete course started prior to September 2012. PGD approved.	
11.	MK Medicines & Therapeutics Committee Update	
	 The group noted the following: Tamsulosin capsules – already on formulary but has had unlicensed use for renal colic added. This should be issued by secondary care and not impact on GPs. Nebusal & Creon Micro – Have been added to formulary for Cystic fibrosis. Linagliptin – added to formulary as 3rd line option as no need to alter dose in renal impairment. Guidelines were discussed for antibiotic cover of patients post splenectomy. Inconsistencies in advice so GPs recommended to continue as before. 	
12	Prescribing Forum Update	
	 JC advised that the Prescribing Forum meets monthly to challenge prescribing Antibiotic cover for biopsies was discussed. This should remain with secondary care as is covered in the tariff. JC agreed to put into the next prescribing news. Out Patient prescribing recommendations form – this has been finally sent to printers Vit D preps – prescribing for children should stay with the hospital as previously agreed. Dr Roy is still amending the flow chart and the hospital pharmacy is still to agree dispensing process. 	JC

13.	Professional Issues / Any Other Business	
	None	
	Date of Next Meeting	
	Wednesday 5 th September 2012, 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:						
(Signature):		Print Name:				
Position:		Date:				