

**MILTON KEYNES PRIMARY CARE TRUST
Prescribing Group**

Jim Laughton (JL) (Chair)

GP, Broughton Gate Practice

Janet Corbett (JC)
Helen Chadwick (HC)
Nikki Woodhall (NW)
Sue Ashwell
Mulukutia Prasad (MP)
Amit Karia (AK)
Maggie Wyke (MW)

Director of Clinical Development & Chief Pharmacist, CCG
Chief Pharmacist, MKCHS
Senior Medicines Management Technician, MKCCG
Interim Chief Pharmacist, MKHFT
GP, Neath Hill Health Centre
GP, Water Eaton Health Centre
GP, Watling Vale Medical Centre

Nigel Fagan (NF)
Edward Sivills (ES)
Paul Minney (PM)
Joanne Burgess (JB)

Bhervi Patel (BP)
Tahira Mushtaq (TM)
Arun Vaidyanathan (AV)

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

Copy to: Folake Kufeji (FK)

Formulary Pharmacist
MKHFT

**Minutes of the Prescribing Group Meeting held on
Wednesday 9th January 2013**

		Action
1.	Introductions and welcome	
	JC introduced Sue Ashwell who is the Interim Chief Pharmacist at the hospital.	
2.	Apologies for absence	
	None received – Dr Minney absent	
3.	Minutes of last meeting on 7th November 2012	
	<ul style="list-style-type: none"> The minutes were signed as an accurate record of the meeting by Janet Corbett. 	
4.	Matters Arising	
	<ul style="list-style-type: none"> Jim Laughton was welcomed as the new Chair, replacing Sarah Whiteman who resigned owing to new commitments. JL then chaired the rest of the meeting. Diabetes Update – JC has sent a flowchart and guidance round and has forwarded all comments received back to the Diabetes Team. It was confirmed Sue Weatherhead was also aware. This item is now considered closed. Formulary site – JC reported that the 2012 minutes of these meetings have now been uploaded onto this site for your reference. OTC issue – Following the previous meeting a letter has been sent to all Community Pharmacies re sending patients back to GP to prescribe OTC medicines e.g. medicines for dry eye and Nail lacquer. JC says she has had some feedback already including difficulties pharmacies face when license of OTC product does not match clinical need e.g. hydrocortisone for use on the face. 	
5.	Terms of Reference (as attached)	
	These had been circulated with the agenda for comment. The suggested changes were agreed. JC is to re-circulate final version.	JC

6&7.	Prescribing Incentive Scheme 2013-14 – QOF Medicines Management Targets	
	<p>NW asked the group for thoughts on running a prescribing incentive scheme for April – March 2013/14 and ideas for targets and asked for feedback on the current scheme. NW advised the group that it was likely the QOF Medicines Management targets would be removed for 2013 and with it the opportunity for the Pharmacy Advisers to meet and discuss prescribing issues with each practice.</p> <p>There was then a discussion re targets and it was agreed to run another scheme in a similar format and for the pharmacy team to work up a paper to be approved at the next meeting in March. It was agreed to have “Meet the Pharmaceutical Advisers to discuss prescribing” as the qualifying element to the scheme. The audits should be limited to 2-3 in the scheme. NW would welcome any feedback via her or the Neighbourhood Pharmacist.</p>	NW/JC
8.	Formulary Applications	
	<ul style="list-style-type: none"> • Forceval soluble – the application appears to have been sent back to the dietician for further details so it is unclear whether it will be discussed or not. • JC thanked the group for generally supportive comments on ulipristal for uterine fibroids. It was interesting to note that some areas classified the product as suitable for GP prescribing and others restricted it to secondary care. JC is trying to access a shared care protocol. • The Beds and Herts Cardiac Network (which includes Milton Keynes) has adopted guidance on the use of new oral anticoagulants from the East of England Priorities Advisory Committee. The full guidance can be found at http://www.clingov.eoe.nhs.uk/prescqipp/index.php/resources/finish/82-treatment-pathways-and-policies/502-pac-tp05-dabigatran-and-rivaroxaban <p>The guidance does not over-ride the NICE Technology Appraisals. A clinician may choose to initiate dabigatran or rivaroxaban for any patient within the Technology Appraisals’ criteria if clinically appropriate. Whilst Dabigatran and rivaroxaban have the potential advantage over warfarin of not requiring INR blood monitoring, other factors about both drugs need to be taken into consideration when deciding whether either drug is appropriate for an individual patient. These include unknown long term safety profile of the new agents; both are “black triangle drugs”, lack of reversibility, consideration of the patient’s current INR control on warfarin, renal function, bleeding risk, especially GI bleeding risk, drug interactions and compliance.</p> <p>The newer agents may be considered for the prevention of stroke and systemic embolism within its licensed indication, that is, in people with non-valvular atrial fibrillation with one or more of the following risk factors:</p> <ul style="list-style-type: none"> • previous stroke, transient ischaemic attack or systemic embolism • left ventricular ejection fraction below 40% • symptomatic heart failure of New York Heart Association (NYHA) class 2 or above • age 75 years or older • age 65 years or older with one of the following: diabetes mellitus, coronary artery disease or hypertension. <p>Patients will normally have a CHADS 2 score of 3 or more unless e.g. allergic to warfarin or had a stroke whilst using warfarin appropriately.</p> <p>Warfarin should be the preferred option in patients:</p> <ul style="list-style-type: none"> • with eGFR < 30; (NB Patients with a baseline eGFR of 30-40 are at risk or progressive/acute renal dysfunction and the potential risks of bleeding with dabigatran or rivaroxaban should be weighed on an individual basis) • with a history of significant peptic ulcer disease • significant ischaemic heart disease in absence of other determining considerations 	JC

	<p>New OAC may be the preferred option in patients:</p> <ul style="list-style-type: none"> • predicted to have variable interacting medications e.g. recurrent antibiotics • with known excess use of ethanol • who would require domiciliary testing • with high HASBLED score where dabigatran 110mg bd dosing should be considered <p>In all other patients, wafarin is recommended as a first line treatment following discussion with patient explaining:</p> <ul style="list-style-type: none"> • lack of long term data on new OACs • issues concerning reversibility • principles used in patient selection • patient will be converted to new OAC if Time in Therapeutic Range < 60% after 4 months in presence of compliance 	
9.	Patient Group Directions to note	
	<ul style="list-style-type: none"> • PGD regulations change from April 2013. All PGDs are valid until 1st April 2013. National advice is expected soon. • EHC PGD for Community Pharmacy – JC asked the group to note this PGD had expired. With a few changes was ratified by chairs action and support of Hayley Jenkins. The final document has been sent out to all Community Pharmacies that have signed a contract to provide this service. They have been asked for their declaration of up to date training and competence and JC will then counter sign. The distribution list will be updated and circulated to the group once all the documents have been returned and accounted for. There was a discussion about the age limit of “up to” 19 years old. JC will follow this up with Public Health team. 	JC
10.	ScriptSwitch alternative	
	<p>The three year licence which ran out at Christmas has now been extended to March 2013 in line with Financial Year. JC and NW informed the group that they were still waiting for alternative company First Databank to move things forward. ScriptSwitch have now offered a further one year contract and it was unanimously agreed by the committee to go ahead with this in the interim. Cost is approx £100k per annum. This will give time for the practices to get System1 up and running and issues to be worked out with First Databank.</p> <p>Any examples of products, pack size issues, price differences, problems etc. – please forward to NW to update ScriptSwitch profile.</p>	<p>JC/NW</p> <p>ALL</p>
11.	MK Medicines & Therapeutics Committee Update	
	<p>The December/January meetings were cancelled. Discussions have been had with Martin Wetherill, Sarah Whiteman, JC, HC and SA to improve the effectiveness of MTC and there will be a move to rebrand the meeting to a Prescribing Advisory Group with buy in from Senior Management/FT/CHS. There has been a lull but hopefully should get going again from March 2013. Any urgent business will be conducted by email in the meantime.</p>	
12.	Prescribing Forum Update	
	<p>All feedback has been passed on to the hospital. Please continue to send JC written issues which will be passed on to SA at the hospital.</p> <p>High Cost Medicines - Some products are now to be managed via East Midlands Specialist Commissioning Group in Leicestershire instead of South Central.</p>	All

	Other requests for prior approval will need to be dealt by CCG. To clarify what goes where, a flow chart will be devised to assist.	SW
13.	Professional Issues / Any Other Business	
	<ul style="list-style-type: none"> • Prescribing Guidance on Reducing Antipsychotic Use for Behavioral and Psychological Symptoms in Dementia (BPSD) – HC asked for confirmation that all practices had received this. HC to send SW a copy of this to include with the minutes. • JC mentioned a national document “Improving the use of medicines for better outcomes and reduced waste” has just been published. The document can be found at http://www.dh.gov.uk/health/files/2012/12/Improving-the-use-of-medicines-for-better-outcomes-and-reduced-waste-An-action-plan.pdf JC will discuss with the pharmacy team and bring any issues to the next meeting. 	HC JC
14.	Date of Next Meeting	
	Wednesday 6th March 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: