

MILTON KEYNES Clinical Commissioning Group Prescribing Group

Jim Laughton (JL) (Chair)	GP, Walnut Tree Surgery		
Janet Corbett (JC)	Associate Director of Transformation and Delivery/ Chief Pharmacist, CCG	Mulukutla Prasad (MP)	GP, Neath Hill Health Centre
Helen Chadwick (HC)	Chief Pharmacist, CNWL - MK	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 8th January 2014

	Present	Action
	<p>Janet Corbett (Chair) Nigel Fagan Bhervi Patel (+ Yasmin pre-reg)</p> <p>Nikki Woodhall Maggie Wyke Fatima Mohri</p> <p>Naomi Fleming (for Joanne Burgess</p> <p>CNWLMK)</p>	
1.	Introductions and welcome	
	<p>JC welcomed the group and visitors. Introductions were made. Nicky Priestly (Community Matron) & Dr Siddiqui in attendance.</p>	
2.	Apologies for absence	
	<p>Edward Sivills, Jim Laughton, Helen Chadwick, Mulukutla Prasad</p>	
3.	Minutes of last meeting held on 2nd October 2013	
	<p>The minutes were signed as an accurate record of the meeting by Janet Corbett.</p>	
4.	Matters Arising	
	<ul style="list-style-type: none"> ▪ Fosfomycin Although closed in last meeting, as NFL was in attendance JC asked if there were any issues. NFL and BP confirmed that there were no issues and Pharmacies have stocks and the system seems to be working well. ▪ Asthma Prescribing Guidelines NW confirmed that COPD/Asthma/NRT guidance has been sent to all practices (1 for each GP and practice nurse). Copies have also been sent to Community Pharmacies and electronic copy to Helen Chadwick to share within CNWL-MK. This guidance is also on the formulary website. ▪ Progress of delivering action plan JC explained that despite all the hard work by practices and pharmacy team and savings being made, it was unlikely the prescribing budget would break even this year. JC highlighted areas of work completed:- 	

	<ul style="list-style-type: none"> ▪ Excess Waste – John Culley has taken a paper to DNs to recommend identifying patients with excess medicines in patient’s homes and to fax details to Pharmacy Advisers to follow-up (via neighbourhood pharmacists). JB confirmed that this paperwork has been sent out to DNs. BP raised the issue of excess waste with sip feeds. JC explained that nutrition is one of the CCGs top cost variances. A dietician role has been approved and JC is just waiting for confirmation from hospital dieticians with regard to clinical supervision support. TS mentioned that some patients who were frequent attendances at the hospital are discharged with large quantities of medicines which may contribute to the waste issue. JC to raise issue with SA. ▪ Neighbourhood pharmacists are working well within practices and concentrating on cost agenda and switches. ▪ JC met with Steve Allen from Cox and Robinson and Has Modi from Jardines and they seemed engaged. Unfortunately due to lack of interest the Pharmacy Development Group meeting was cancelled. PA team need to re-think how to best engage community pharmacy into the cost agenda. ▪ JC produced written guidance to support prescribers with quantities recommended for patients going on holiday/working abroad – this was sent out and is also on formulary site. MW said it was helpful. ▪ NW has sent information to Libby Pell on product range and quantities of emollients but she is currently off sick. NW to follow up ▪ JC has engaged Sue Teasdale to review Dressings usage and advice to update wound formulary ▪ A Leg Ulcer Service is currently being investigated ▪ NW has produced cost driver reports for all practices ▪ ScriptSwitch review is on-going <p>JC informed the group that discussions are already underway for 2014/15 prescribing budget setting. JC has explained to the CCG that an uplift on spend is needed to be realistic in the CDG meeting.</p> <p>Prescribing Information on secondary care initiated medicines – JC reminded the group of the offer from SA’s team to provide GPs with prescribing information on secondary care initiated medicines e.g. drugs being used outside their license or unlicensed medicines. Janet has not heard from anyone on suggested medicines to have guidance on.</p>	<p>JC</p> <p>PA Team</p> <p>NW</p> <p>NW</p> <p>JC</p> <p>ALL</p>
<p>5.</p>	<p>Breathlessness Pathway (Nicky Priestly – Community Matron)</p>	
	<p>NP informed the group of piece of work that had arisen from Joint Palliative Care group and Respiratory LIT to produce a pathway to help support clinicians in the care of patients with breathlessness. NP submitted a draft pathway for comments. Supporting information was still in progress as was a leaflet for patients on non-pharmacological treatments, which needs approval from Clinical Governance.</p> <p>There was a discussion on the merits of the pathway and there was a general consensus that it was a useful document but just needed a few changes before sending out.</p> <ul style="list-style-type: none"> • Highlight importance of communication (consider MDT approach for these patients) • The morphine titration chart – to highlight section “at each stage decide whether you need to increase dose or remain the same” • Refer to Oxygen clinic for all patients if sats <92% regardless of root cause • Provide guidance on quantities to prevent waste 	

	<ul style="list-style-type: none"> This should go out to community pharmacies to reassure them with the dosing structure of MR morphine (not always twice a day in these patients) <p>Overall, the guidance was welcome as being very useful. NP to amend and re-send back to group for approval before sending through MKPAG for sign off. When guidance is approved investigate ability to attach to system 1 / MK Formulary to ensure it is used.</p>	NP/NW
6.	Scriptswitch / Optimise Rx (First Data Bank) discussion	
	<p>JC discussed a paper on alternative system to ScriptSwitch called Optimise Rx. There was a discussion on potential benefits; licence fee costs are very similar to SS. It works in line with S1 and uses read codes to prompt on potential cost savings and clinical recommendations. The profile would remain a local one and the pharmacy advisers would ensure changes were made to reflect local need. It was suggested that a demonstration to the group would be useful.</p> <p>Post meeting note – a demo meeting has been arranged for Wednesday 15th January at 1pm at Sherwood Place.</p>	JC/NW
7.	Management of Acute Asthma	
	<p>NW explained a further piece of work to build on asthma prescribing guidance was the management of acute severe asthma in adults. Frances Baverstock from Newport Pagnell shared her guidance which NW has adapted with Respiratory Lit logo and wants to share across the CCG and asked for any comments. NF asked if a similar guidance was available for children. NW explained that she will be working with Terry James to put together asthma prescribing guidance for children which will include management of acute asthma. NF also asked about patient info leaflet recommended in guidance. NW handed out leaflet which is from Asthma UK – NF suggested adding the link to the guidance and putting on to formulary website.</p>	NW
8.	Electronic Prescribing Service (EPS)	
	<p>JC advised the group that Donna Skoyles had informed her of two evening events that were being held at Sherwood at 6pm on 5th and 12th February – 1 for GPs and 1 for community pharmacies. There will not be a formal role out of EPS across the patch and was down to practices to move to it. It was agreed the timing of the meeting may be difficult to attend as most surgeries and pharmacies didn't close till 6.30. JC to feedback to Donna.</p>	JC
9.	MK PAG Update	
	<p>The last MKPAG meeting was held on 27th November 2013.</p> <p>Key points include:-</p> <ul style="list-style-type: none"> NOAC guidance. This needs further work and JC thanked those that had sent in their comments. Anyone else that is yet to respond JC asked if they could do so soon so she can take back to the hospital pharmacy. Asthma/COPD/NRT guidance approved Overactive bladder flowchart was discussed which places Mirabegron as 3rd line and was added to the formulary for secondary care use until further notice. Further work needed to include NICE patient information on OB and to explain that side effects are probably a sign that the drug is working and shouldn't necessarily be stopped. <p>Lixisenatide was added to the formulary Post meeting note - with the following</p>	ALL

	<p>restrictions:</p> <p>Lixisenatide is supported to be added to the formulary in line with NICE guideline 87 for use in patients for whom a GLP-1 agonist is appropriate, as an alternative to existing GLP-1 agonists.</p> <p>It should only be prescribed by primary care following hospital recommendation.</p> <p>Prescribers should consider stopping Lixisenatide when HbA1C has not reduced by 1% and weight by 3% of initial body weight at 6 months.</p> <ul style="list-style-type: none"> • Flutter device was discussed and agreed to go on formulary for secondary care initiation as it needed training on its use and to ensure benefits. GPs may be asked to prescribe a replacement device every 12 months but only with assurance from hospital physios on continued benefits. • Post meeting note - Prescribing of RespeRate medical device for hypertension is not supported by MKPAG. Information to be cascaded to all prescribers in primary, intermediate and secondary care. 	
10.	Prescribing Forum Update	
	<p>JC explained that she had been working with SA to identify drugs that NHS England commissioned as they should also be paying for prescribing. This has included Dornase and recently immunosuppressants. Practices may be asked to identify patients to help transfer costs to hospital.</p> <p>SA has requested that a full review of the formulary is undertaken by Folake before re-launching site. NW asked if GPs had MK Formulary set up as link in S1 so they didn't need to come out of system to launch formulary. The GPs were unaware of this and NW said she would ask Emma to share guidance on how to do. To go in Prescribing News.</p> <p>Vitamin D –FM fed back to JC after the meeting on Anne Jenkin's view of the proposed updated guidance. Dr Jenkins does not agree with the proposals. JC to discuss with Sue Ashwell.</p>	<p>NW</p> <p>JC</p>
11.	PGDs issued by NHS England	
	JC listed the PGDs that were sent out by NHS England.	
12.	Professional Issues/Any other business	
	Nothing to report	
13.	Date of Next Meeting Wednesday 5th March 2014 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: