

**MILTON KEYNES Clinical Commissioning Group  
Prescribing Group**

Jim Laughton (JL) (Chair)	GP, Walnut Tree Surgery	Mulukutla Prasad (MP)	GP, Neath Hill Health Centre
Janet Corbett (JC)	Associate Director of Transformation and Delivery / Chief Pharmacist, CCG	Neil Douse	GP, Stonedean Practice
Helen Chadwick (HC)	Clinical Director of Pharmacy, MKHFT	Joanne Burgess (JB)	District Nurse / Non-Medical Prescriber Red House Surgery
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Bhervi Patel (BP)	Community Pharmacist
Nigel Fagan (NF)	GP, Red House Surgery	Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre
Edward Sivills (ES)	GP, CMK Medical Centre	Nadia Shaw	Patient Representative
c.c. Dupe Fagbenro (DF)	Formulary Pharmacist, MKHFT		

**Minutes of the Prescribing Group Meeting held on  
Wednesday 14<sup>th</sup> January 2015**

	<b>Present</b>	<b>Action</b>
	<p>Jim Laughton (Chair)      Nadia Shaw      Jill McDonald (Dep Chief Pharmacist)</p> <p>Janet Corbett              Bhervi Patel      Ruth Hammond (Dietician)</p> <p>Edward Sivills              Joanne Burgess      Sharon Wilmore - minutes</p> <p>Nikki Woodhall              Neil Douse</p> <p>Nigel Fagan</p>	
<b>1.</b>	<b>Introductions and welcome</b>	
	JL welcomed Jill McDonald (deputising for Helen Chadwick) and Ruth Hammond. Introductions made.	
<b>2.</b>	<b>Apologies for absence</b>	
	No apologies received – Dr Prasad by email post meeting	
<b>3.</b>	<b>Minutes of last meeting held on 5<sup>th</sup> November 2014</b>	
	<p>Out of stock items – JC asked the group if they had seen any further reports – just 1 further sent around GPs.</p> <p>The minutes were signed as an accurate record of the meeting by Jim Laughton</p>	
<b>4.</b>	<b>Matters Arising</b>	
	<p>4.1 <b>Opiates</b> (Patient Information Leaflets) – PILs circulated to group. These have been finalised by the hospital and gone live without the comments suggested by this group last year. The next review is scheduled for the summer and we will use this as an opportunity to feed in our comments again. Please send any further comments to NW.</p> <p>4.2 <b>Non-formulary information</b> – HC has supplied JC/NW with a list of non-formulary drugs issued to patients on admission. This was a relatively small list which will need to be looked at and inappropriate non-formulary choices we will feedback to practices.</p> <p>4.3 <b>NOACS</b> – Emma Hooton has been working on a briefing paper with Dr Hamid at Stony. It was agreed this was no longer considered an issue. JC confirmed that MK is not using as much as Bucks.</p>	<p><b>ALL</b></p> <p><b>HC/JC/NW</b></p>

5.	<b>Prescribing Incentive Scheme 2015/16</b>	
	<p>JC presented this paper which was prepared and discussed with the pharmacy team. JC explained that there was a general feeling that there may be less engagement with the scheme this year.</p> <p>To date, ten practices have submitted their clinical reviews paperwork by the deadline of end of December. A few have asked for an extension to the end of the January and some had decided not to submit any information.</p> <p>The group discussed the pros and cons of continuing the PIS and it was agreed to continue with this scheme as it was considered useful to keep the practices focussed on prescribing and to build on previous work.</p> <p>NF suggested looking at CQC for possible prescribing audits that might encourage practice uptake.</p> <p>NF mentioned some concerns with patients losing control when switched from Fluticasone to Symbicort. NW to look into reports submitted by NF.</p> <p>ES suggested adding in more steps to targets to encourage some practices that are further away from achieving.</p> <p>It was agreed to include a meeting with the pharmaceutical advisors as the first qualifying element to the scheme. JC also mentioned a training event for nurses (possible subject on Diabetes, asthma, wound care, anticoagulation). The plan would be to invite specialist speakers to present on their relevant subject.</p> <p>The GPs agreed that this training is a good idea but might need to be split up into specialities. It should be directed at practice nurses at a generalised level rather than NMPs with specialist nurses to support work. District Nurses would like to be involved – the mechanics of the session would need to be worked out.</p> <p>Qualitative and Quantitative targets are to continue:</p> <ul style="list-style-type: none"> <li>• Antibiotics should be kept in as the CCG will continue to be monitored.</li> <li>• Benzos and Tramadol for patient safety reasons.</li> <li>• Fluticasone to build on the work done this year and some potential savings.</li> <li>• Good potential savings if following LUTs pathway and switching patients to plain Oxybutynin or Tolterodine instead of modified release. The group felt this would be an achievable target.</li> <li>• Details around efficiency savings target to be worked on.</li> </ul> <p>Audits discussed. JC suggested continuing some work on COPD including a training session via Dr Siddiqui who is the Respiratory Lead. There are some concerns of early use of triple therapy in patients who have FEV1 &gt;50%.</p> <p>Also discussed was looking at a nutritional target to support the launch of the ONS Guidance. Consider an either or both reviews to go into the scheme.</p> <p>The group felt it would be useful to have a training session on the new drugs/devices coming onto the market for COPD.</p> <p>Change wording of audit to clinical reviews.</p> <p>NW agreed to work up a scheme and bring to the March meeting for approval. JC to take paper to CDG for their approval.</p> <p>SystemOne Formulary – NF mentioned a need to review the formulary as the information is not complete for some medicines e.g. quantities incorrect or no dosage. JC will ask Emma Hooton to review. Examples: Metoclopramide quantities other than 15 tablets and Doxycycline not on at all.</p>	<p style="text-align: center;"><b>NW</b></p> <p style="text-align: center;"><b>NW/JC</b></p> <p style="text-align: center;"><b>JC</b></p>

<b>6.</b>	<b>Paediatric Asthma prescribing guidance</b>	
	<p>NW has produced the first draft guidance and asked for feedback. The guidance discussed including NW giving feedback already received. It was agreed that Step 2 should continue to read 200-400mcg for &lt;12yrs to keep in line with BNF guidance. Seretide is the first line combo option at Step 3 as Fostair is not licenced for use &lt;18 years. The company has confirmed there are no plans to gain a licence for this age group in the near future.</p> <p>JM confirmed HC had sent this document to the hospital paediatric pharmacist for comment. NW is waiting for comments from hospital paedics team.</p> <p>Please send any further comments to NW. It would be useful to including practice nurses feedback. The guidance is going to Respiratory LIT and MKPAG this month.</p>	<p><b>NW</b></p> <p><b>ALL</b></p>
<b>7.</b>	<b>Nutrition Guidance</b>	
	<p>Ruth Hammond has produced an easy to use guidance which was presented to the group. Ruth asked for comments.</p> <p>Comments made:</p> <ol style="list-style-type: none"> <li>1. Add a MUST Score table on the back of the one page document before laminating and circulating to practices as useful working document</li> <li>2. Palliative Care - wording to be reviewed. Add in guidance around initiation and how to manage requests for this group of patients.</li> <li>3. Step 7 – add in “review at least every 3 months or sooner if clinical concern or need” instead of “regularly”</li> <li>4. EPS – national problem with individual flavours which have to be prescribed separately and using “mixed flavours.” Work is currently being looked at nationally.</li> </ol> <p>Ruth was complimented on this excellent piece of work. Any further comments to be sent to Ruth.</p> <p>Ruth to send round revised guidance to the group.</p>	<p><b>ALL</b></p> <p><b>RH</b></p>
<b>8.</b>	<b>Dry Eye Guidance</b>	
	<p>Any comments on this document to be sent to NW. To be sent out with the next edition of Prescribing News (end of January).</p>	<b>NW/SW</b>
<b>9.</b>	<b>MKPAG Update – November meeting</b>	
	<p>JC had a useful meeting with Jo Trueman – Alcohol Services commissioner to discuss use of Acamprosate and Nalmefene. There is recent NICE guidance on Nalmefene. Alcohol pathway is currently being worked on. JC asked for any GP volunteers to help support this work.</p> <p>Nalmefene on the formulary strictly for CRI to prescribe only as they also provide psychological support in line with NICE.</p> <p>CNWL – there have been some issues around who should be issuing the first prescription for drugs for ADHD. This should be CAMHS not GPs.</p> <p>Tapentadol – JM mentioned work still outstanding for use in Primary and Secondary care.</p>	

	Dymista – JC to circulate application to consider adding to formulary. This is going to MKPAG at the end of the month. Please let JC have any comments.	<b>JC/ALL</b>
<b>10.</b>	<b>Optimise Survey feedback</b>	
	JC/NW are meeting with First Data Bank at the end of January to discuss progress with Optimise. Survey forms have been received, prize draw to be pulled at the Prescribing Update Session on the 22 <sup>nd</sup> January. Further forms will be available at this meeting. All feedback received will be discussed with FDB to help further development.	<b>JC/NW</b>
<b>11.</b>	<b>Professional issues/Any Other Business</b>	
	NW sent inhalers PILS – any further comments to be sent to NW before PAG meeting.  JL announced he will be stepping down from the Chairman’s role as he will be leaving MK at the end of April. The group congratulated him and wished him well. The group would like to offer thanks and acknowledge JL’s commitment and support to this group.  As a result of this announcement a new chairman is needed. Any interest, please notify JC.	<b>ALL/NW</b>     <b>ALL</b>
	<b>Date of Next Meeting</b> <b>Wednesday 4<sup>th</sup> March 2015 7.30am, Sherwood Place, Boardroom 1</b>	

Minutes approved as an accurate record by:

(Signature): ..... Print Name: .....

Position: ..... Date: .....