

**MILTON KEYNES Clinical Commissioning Group  
Prescribing Group**

Janet Corbett (JC)  
Helen Chadwick (HC)  
Nikki Woodhall (NW)  
Nigel Fagan (NF)  
Edward Sivills (ES)  
Neil Douse (ND)  
Fatima Mohri (FM)

Head of Prescribing & Medicines Management, CCG  
Clinical Director of Pharmacy, MKUHFT  
Senior Medicines Management Technician, CCG  
GP, Red House Surgery  
GP, CMK Medical Centre  
GP, Stonedean Practice  
GP, Newport Pagnell Medical Centre

Richard Simpson (RS)  
  
Bhervi Patel (BP)  
Geraldine Sharratt (GS)  
Nadia Shaw (NS)  
CNWL Nurse Rep  
Sharon Wilmore

GP, Parkside Medical Centre  
  
Community Pharmacist  
Practice Pharmacist, Walnut Tree Surgery  
Patient Representative/Healthwatch  
Non-Medical Prescriber / Nurse Rep (rotate)  
Minutes, MKCCG

c.c. Dupe Fagbenro (DF)

Formulary Pharmacist, MKUHFT

**Minutes of the Prescribing Group Meeting held on  
Wednesday 11<sup>th</sup> January 2017**

	<b>Present</b>		<b>Action</b>
	Janet Corbett Edward Sivills Fatima Mohri Neil Douse	Nikki Woodhall Nigel Fagan Bhervi Patel Richard Simpson	Nadia Shaw Sharon Wilmore
<b>1.</b>	<b>Welcome, apologies and introductions</b>		
	Apologies received from Helen Chadwick/ Geraldine Sharratt.  The group introduced themselves to Richard Simpson (GP at Parkside Medical Centre) who has joined the Prescribing Group. It was noted that Rod Marshall the Practice Manager of Parkside will be leaving the practice on the 24 <sup>th</sup> January.		
<b>2.</b>	<b>Acknowledgement of declaration of any other business</b>		
	None declared.		
<b>3.</b>	<b>Notes of previous meeting</b>		
	The minutes from 4 <sup>th</sup> November 2016 were signed by NF as an accurate record of the meeting.		
<b>4.</b>	<b>Matters Arising from previous meeting</b>		
<b>4.1</b>	<b>COPD Rescue Packs</b>		
	<ul style="list-style-type: none"> <li>The patient information leaflet has been amended from comments received from the September meeting and will now go through to Respiratory LIT for approval and MKPAG for final sign off.</li> <li>There are concerns that patients are over-using their rescue packs and practices are not READ coding them. Originally the idea was for packs to be issued on discharge from hospital but this does not seem to be happening anymore.</li> <li>A Respiratory update session is scheduled for PLT in February 2017. This may provide an opportunity to re-launch the guidance and the group felt it would be helpful for the Pharmaceutical Advisers to discuss the use of rescue packs with practices.</li> </ul>		<b>NW</b>

4.2	<p><b>Consultation on Commissioning Intentions</b> The suggestions that have been included are:</p> <ul style="list-style-type: none"> <li>- Reducing access to Gluten Free Foods</li> <li>- Stopping Managed Repeat Schemes</li> <li>- Reducing access to OTC and Self Care medicines</li> <li>- More scrutiny of High Cost Drugs prescribed by secondary care</li> <li>- Exploring the options for devolving budgets to providers eg nutrition, continence</li> </ul> <p>Discussions have taken place at Neighbourhood and Practice Managers meetings. Changes to local position regarding Adult Hearing and Podiatry will also be considered at a consultation meeting scheduled for Monday 16<sup>th</sup> January.</p> <p>It is the intention to promote non-prescription OTC products and Self-Care but MKCCG do not have a strategy for Self-Care generally. Hopefully this item can be taken forward.</p>	
5.	<p><b>Asthma Guidance</b></p>	
	<p>BTS Guidance was updated in September 2016. The main changes were in the Diagnosis Algorithm which now places patients in three groups. This does have an impact on the original Step guidance which NW explained to the group. There have been some concerns raised about diagnostics elements including access to FeNO which is currently only available at local PCOCs i.e. Whaddon and Watling Vale.</p> <p>The NICE guidance is out for consultation and NW will review and compare to the BTS guidance.</p> <p>It was recommended that Smart and MART Treatments are added to the chart.</p> <p>The children's guidance format will be similar and cover all ages up to 18 years.</p> <p>It was agreed to leave Respimat as it appears on the chart so that if a GP felt confident they could prescribe it before referral to secondary care. NW to add reference link to the BTS guidance. There was a discussion about adding Guidance and Asthma action plans to SystmOne template to make it easier to use. It was noted that printing off PAAP (Personalised Asthma Action Plans) was unsatisfactory and it was suggested to create a link to the Asthma UK website where coloured leaflets can be ordered by individual practices.</p> <p>This Guidance will be taken to the next MKPAG meeting.</p>	NW
6.	<p><b>Sick Day Guidance</b></p>	
	<p>JC was alerted to this item from one the Neighbourhood Pharmacists who had attended a workshop in Leicestershire.</p> <p>The document was approved in principle and various amendments including removing Sick Day Rules from the heading were noted by JC who will reissue the Guidance to the group before taking it to the next MKPAG meeting.</p>	JC

<b>7.</b>	<b>2017/18 Prescribing Incentive Scheme</b>	
	<ul style="list-style-type: none"> <li>• The cost effectiveness target will be modified to include more Self-Care and OTC elements. Delivers the most potential for cost savings and will help pay for the scheme. Therefore it will be one of the two qualifying targets. Practices will be able to gain additional points depending on the level of savings they achieve.</li> <li>• Antibiotics – The three elements to continue as per this year’s scheme.</li> <li>• A new item of Trimethoprim/Nitrofurantoin for Over 70s will be introduced although as Epect2 has been delayed we are unclear how this target will be monitored.</li> <li>• Antibiotics Review of prescribing in URTI will be added. There was a discussion about the number of patients that should be included in the review. It was agreed to increase it to 10 per prescriber. NS asked that it is made clear that the respiratory audit excludes patients who are immunocompromised or may have other reasons for requiring antibiotics.</li> <li>• PPI – to be kept in for another year to help to bring in line with National Avg.</li> <li>• Drugs for Over Active Bladder - target to be retired.</li> <li>• The guidance on Polypharmacy and Deprescribing was felt to be helpful. JC has just received the European Journal of Hospital Pharmacy on Deprescribing and once read will add any useful nuggets to the document.</li> <li>• There was a discussion about how practices would search for patients on 10 or more oral medicines. NF offered to work with Sonal and trial this review and decide what would work best. NF mentioned that it was possible to globally remove repeat medicines that have not been issued for 2 years from the lists on SystemOne. NF / Pharmaceutical Advisers to investigate this. The final draft of scheme will come back to this group in March for approval before going to CCG Board.</li> </ul>	<p>NF</p> <p>NF/ Team</p> <p>NW/JC</p>
<b>8.</b>	<b>Non-Medical Prescribing Policy</b>	
	This document was considered a useful policy and was approved. It was agreed it would be circulated to the Practice Managers.	JC
<b>9.</b>	<b>Review of Prescribing News Content</b>	
	JC had received a concern about the Vitamin B <sub>12</sub> and metformin article in the November edition of Prescribing News. The complainant felt that the advice had over-interpreted the evidence base and made a suggestion about monitoring patients which would greatly increase GP workload. JC said that she will be making a retraction in the next edition. However some members of the group felt that the newsletter was for guidance only and should not have been taken as a definitive recommendation. JC had also received a challenge about whether the newsletter had clinician approval and it was agreed that in future the Prescribing News will be circulated to the group for their comments before distribution.	JC/SW

