

**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)	Clinical Director of Pharmacy, MKHFT	Maggie Wyke (MW)	GP, Watling Vale Medical Centre
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Joanne Burgess (JB)	District Nurse / Non-Medical Prescriber Red House Surgery
Nigel Fagan (NF)	GP, Red House Surgery	Bhervi Patel (BP)	Community Pharmacist
Edward Sivills (ES)	GP, CMK Medical Centre	Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre
Sue Ashwell (SA)	Pharmacy, MKHFT	Nadia Shaw	Patient Representative
c.c. Folake Kufeji (FK)	Formulary Pharmacist, MKHFT		

**Minutes of the Prescribing Group Meeting held on
Wednesday 9th July 2014**

	Present		Action
	Jim Laughton (Chair) Janet Corbett Edward Sivills	Nigel Fagan Maggie Wyke Fatima Mohri	Nadia Shaw Nikki Woodhall Bhervi Patel
1.	Introductions and welcome		
	JL welcomed the group.		
2.	Apologies for absence		
	Mulukutla Prasad, Helen Chadwick		
3.	Minutes of last meeting held on 7th May 2014		
	The minutes were signed as an accurate record of the meeting by Jim Laughton. ES and BP commented that they would be unable to attend date of next meeting (3 rd September due to holidays). JC agreed to look into moving to 10 th September.		
4.	Matters Arising		
	<ul style="list-style-type: none"> ▪ Dietician Post JC confirmed that a dietician called Ruth Hammond is due to start with the team on Monday 14th July. ▪ Optimise Rx JC explained that after a couple of challenging months, all practices are now live with Optimise Rx system. Any issues that practices have raised with the pharmacy advisers have been managed and First Data Bank (FDB) seems to be very responsive. Training has been arranged for JC/NW to look at the reporting tool and will send out any relevant reports to practices to keep them updated in the progress of use of the system. JC is re-negotiating the contract to start from 1st July due to technical issues going live. Please continue to feedback any issues with the profile. ▪ Management of Cellulitis in Primary Care & Azithromycin prescribing guidance NW confirmed that comments from the previous meeting were incorporated and the final documents were approved by MKPAG. Hard copies were sent out to 		

	<p>practices and uploaded onto formulary website. JC asked MW if she was able to get hold of patient information advice from the Brompton. MW said she was not able to find as of yet.</p> <ul style="list-style-type: none"> ▪ Buccolam NW confirmed that MKPAG had approved the switch from Epistatus to licensed Buccolam and paperwork sent out to practices. Both products were now on the formulary to help with switch. BP said that some community pharmacies were having difficulty finding Buccolam on their systems. <i>Post meeting note – Buccolam is made by ViroPharma.</i> ▪ Opiates – Patient Information Leaflets JC explained that she hadn't received any further information from the hospital. JC to follow up and bring back to next meeting. 	JC
5.	Prescribing Incentive Scheme	
	<ul style="list-style-type: none"> ▪ 2013/14 – Pay-outs report NW informed the group that a paper had gone to CDG to approve pay-outs to practices for last years' scheme. This was approved and practices notified of amount that was available and how to claim. There had been some concerns from practices on what the money could be spent on this year was too restrictive. NW explained that she had sent out a subsequent email to practices to reassure them that money was to be spent on patient care as normal (the previous year money had been spent on items to meet CQC regs) and requests should be made to JC and NW and will be assessed on their own merit. ▪ 2014/15 – Prescribing Update Session NW explained that a date had been set for the 2nd mandatory element to the scheme. This is set for Thursday 22nd January 2015 at Herons Lodge. Lunch and registration from 12.30 and proposed time of 1-3.30pm. NW asked the group for any suggested areas they felt was important to cover. There would be two elements, clinical and process. JL said the work done on falls and hypnotics etc. would be useful. Any further thoughts please email NW. 	ALL
6.	PGDs for MKUCS	
	<p>JC asked the group to note the list of PGDs which had been updated for use by MKUCS. The group were happy with this. Glucose Gel – for emergency use. JL said he had a query with regards to prescribing glucose tablets/juice to help maintain a patient's blood sugars. NW had done an ePACT search following another query and although not on the formulary some practices were prescribing. JC agreed to put into next Prescribing News.</p>	JC/NW
7.	MK PAG Update	
	<p>The last MKPAG meeting was held on 28th May 2014. JC feedback to the group</p> <p>1.1. Denosumab – this document is not completely sorted. It was agreed that Rheumatology would give the first dose; this would allow 6 months before the second dose was needed. JC to speak to Debbie Morrison to chase the shared care policy. There were discussions of possibly setting up for a community rheumatology clinic to administer on behalf of all practices. This is work in progress.</p> <p>1.2. Linacotide flow chart for IBS – this again was work in progress with George McFaul. The algorithm needed to be amended to include diet and other medicines</p>	JC

	<p>before using Linaclotide as 3rd line option. Constipation and diarrhoea for IBS should be covered and again there were discussions of possibility of community Gastro clinics initiating where appropriate before GPs start initiating.</p> <p>1.3. Microalbuminuria Policy – JC thanked the group for their comments which she will incorporate and finalise policy before sending to be ratified at next MKPAG meeting.</p> <p>1.4. Tolcapone shared care – Awaiting final guidance before sending out</p> <p>1.5. Apomorphine shared care – Awaiting final guidance before sending out</p> <p>JC explained that both drugs would be added to the local Enhanced Service Contract and would inform finance of the changes to allow practices to claim.</p> <p>Other key points include:-</p> <ul style="list-style-type: none"> ▪ New Inhaler Patient Information Leaflets (Breezhaler and Genuair) amended by NW and Mark Baverstock and approved. These have been uploaded onto the formulary website. NW explained that there were lots of new inhalers / devices coming to the market and it was agreed to let things settle and continue with current prescribing guidance and review in 6-12 months. The reviewed guidance would come back to prescribing group for comments in the New Year. ▪ Breathlessness leaflet in non-cancer patients was presented by Nicky Priestly and Dr Siddiqui at a previous prescribing group meeting and is still work in progress. 	<p>JC</p> <p>JC</p>
8.	<p>Primary Care Out-Patient Clinics (PCOCs) prescribing process</p>	
	<p>NW informed the group that several community based clinics were being set up. Currently Dermatology clinics in Stony and now Whaddon have gone live. To keep in line with current outpatient process, paperwork has been adapted for PCOCs use. FP10s should only be issued if a medicine needs to be started within 5 days, otherwise the Dr should complete Advice for GPs form.</p> <p>FM asked about her work in rheumatology clinics and prescribing process as currently no cost centre set up and any prescribing done is from the practice. NW explained that other current services would be reviewed and changed to new process.</p> <p>NF commented on flow chart about maximum of 14 days to be supplied on FP10s – this should be flexible and take into account courses e.g. 4 weeks and also repeat supply of existing medicines. JC confirmed that NW would review prescribing data to assure appropriate and for practices to feedback any issues.</p>	<p>NW</p> <p>ALL</p>
9.	<p>National Medicines Optimisation Dashboard</p>	
	<p>JC presented this paper to the group for information. This is a first draft of a dashboard of national measures which links to patient outcomes. MKCCG does not reflect well in most of the indicators apart from % Ibuprofen / Naproxen of all NSAIDs – we are higher than National average. Indicators for Community Pharmacy are measured at Area Team level and not local level so makes it difficult to assess how we are doing.</p> <p>JC asked group to feedback any comments / thoughts.</p> <p>NW to send paper electronically as was missed from original email</p> <p>NS asked if any of MK practices were now live with EPS. JC confirmed that we have</p>	<p>ALL</p> <p>NW</p>

	4 practices live currently. ES said that it was working well at CMK. There was a brief discussion over pros and cons including issues with the spine crashing. Practices need to do some prep work before going live and the process is being led by Donna Skoyles and Tom Powell from GEM CSU.	
10.	New Insulin drug chart	
	JC was asked to present this updated insulin chart (from CNWL nurses) to the group for comment. NF said would be more useful if was available electronically especially front sheet with allergies etc. System 1 template would make this more user friendly. Unfortunately DNs do not current use S1 as they still use RIO. JC to feedback and to look into setting as template. Any further comments please feedback to JC to pass on.	JC ALL
11.	Professional Issues/Any other business	
	NF asked the group if there was any guidance on testing for Vitamin D deficiency – whether to test in summer or winter months. FM advised saying there was no recommendation for testing (especially in winter months as most people would have low levels). JC to follow up with Debbie Morrison on cost effective guidance awaiting support from Dr Jenkins. There is a proposal to move to licensed products which now include high strength fultium (800 & 3200 units). New NICE Guidance on the management of AF. After some discussion it was agreed that JC would remind clinicians of the guidance and the treatment options in line with local policy on NOACs. Information to go into next Prescribing News. Just in case bags / Anticipatory medicines – JC informed the group that the nurse’s policy that had come through prescribing group was only given an expiry of 10 months when issued. JC took an executive decision to extend the expiry for another 12 months. This would give the replacement for Lisa Barnes as End Of Life Care co-ordinator time to review all relevant policies and update. The group confirmed they were happy with this.	JC JC
12.	Date of Next Meeting Wednesday 10th September 2014 7.30am , Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: