

**MILTON KEYNES Clinical Commissioning Group
Prescribing Group**

Janet Corbett (JC)
Helen Chadwick (HC)
Nikki Woodhall (NW)
Nigel Fagan (NF)
Khatereh Emambakhsh (KE)
Edward Sivills (ES)

Head of Prescribing & Medicines Management, CCG
Clinical Director of Pharmacy, MKHFT
Senior Medicines Management Technician, CCG
GP, Red House Surgery
GP, Walnut Tree Surgery
GP, CMK Medical Centre

Mulukutla Prasad (MP)
Neil Douse (ND)
Fatima Mohri (FM)
CNWL Nurse Rep
Bhervi Patel (BP)
Nadia Shaw (NS)

GP, Neath Hill Health Centre
GP, Stonedean Practice
GP, Newport Pagnell Medical Centre
Non-Medical Prescriber / Nurse Rep
Community Pharmacist
Patient Representative

c.c. Dupe Fagbenro (DF)

Formulary Pharmacist, MKHFT

**Minutes of the Prescribing Group Meeting held on
Wednesday 1st July 2015**

	Present		Action
	Janet Corbett Edward Sivills Nikki Woodhall Fatima Mohri	Nadia Shaw Nicky Priestley Neil Douse Nigel Fagan	Bhervi Patel Sharon Wilmore - minutes
1.	Introductions and welcome		
	Nicky Priestley – Community Matron was welcomed to the meeting and introductions were made. A representative from CNWL will rotate throughout the year in place of Joanne Burgess. The meeting was chaired by Dr Sivills.		
2.	Apologies for absence		
	Khatereh Emambakhsh / Helen Chadwick		
3.	Minutes of last meeting held on 4th March 2015		
	The minutes were signed as an accurate record of the meeting by ES.		
4.	Matters Arising		
	4.1 Opiates (Patient Information Leaflets) As HC was not present NW said she would pick up with HC / hospital pharmacy.		NW to chase up with HC NW
	4.2 PIS 15/16 NW explained that this scheme has been approved by CDG and baseline data sent out to practices. All PIS meetings are now booked bar one with a third already being held. The PLT event in January 2016 is still to be worked up re Respiratory. Details to come back to future meeting.		
	4.3 Salbutamol Review in line with NRAD for PIS 15/16 NW gave out a suggested report and prescribing review paperwork that is part of the qualifying element to PIS for comments. High quantities of Salbutamol was discussed with ePACT data showing a range of quantities issued across MK on a prescription (20 - 1 inhalers on a script). It was suggested that one inhaler should be issued per script but pragmatically two would be the norm but any more than 12		

	<p>per year should be flagged up as a potential sign of uncontrolled asthma and patients should be reviewed. Ideally we would have a system to flag up patients who are collecting lots of Salbutamol but not collecting their inhaled steroid - either on S1 or Optimise Rx. BP says she does highlight this to patients when not collecting their ICS. NW to investigate options.</p> <p>It was agreed patient education was needed. There is a Healthwatch event coming up. NW to send some information to NS. GPs asked for more drill down to establish poor practice and feedback to practices with large salbutamol quantities as they considered this a safety issue. This item will also be added to the next edition of Prescribing News.</p> <p>It was agreed to send this information on salbutamol out to practices to start working on now rather than wait for the PLT event in January.</p> <p>Please send any comments to NW before Friday 10th July.</p> <p>4.4 Constipation Guidance JC explained the previous guidance was out of date. JC to re-work and bring back to future meeting for comments.</p> <p>4.5 Dietitian Post Ruth Hammond's contract has been extended for 1 year to embed the guidance for nutrition.</p> <p>4.6 Prescribing Group Chair It was agreed that the Chair would rotate on an annual basis. ES offered to continue until July 2016.</p>	<p>ALL/NW</p> <p>JC</p>
5.	Prescribing Incentive Scheme 2014/15 final results paper	
	<p>JC presented this paper which highlighted final results of last year's scheme and praised the practices who had achieved potential pay-outs on the scheme. The paper will be presented at the next CDG meeting (21st July) for approval of pay-outs. NW will inform practices shortly afterwards.</p>	
6.	Tapentadol Meeting Update	
	<p>JC met with Drs. Mehrez and Aturia from the pain clinic and Helen and Jill McDonald from the hospital pharmacy department. They want to add Tapentadol on to the formulary. Janet took the opportunity to discuss pain management in general practice and noted that it was time to revisit the pain algorithm. Jill is revising the pain ladder. JC will circulate this once completed.</p> <p>If Tapentadol is added to the Formulary they will develop a PIL and shared guidance for GPs.</p>	<p>JC</p>
7.	Medicines Optimisation Dashboard	
	<p>JC discussed this national dashboard which was a joint initiative with the pharmaceutical industry. The EPS data is out of date and uptake has started to increase in MK.</p>	

	<p>The document mentions the safety pincer tool and MK looks as if it is not using the tool but all MK practices have access to it via OptimiseRx. JC has fed this back nationally.</p> <p>MK have done very well with choice of first line antidepressants and proportion of Naproxen/Ibuprofen of all NSAIDs.</p> <p>NF mentioned Doseette boxes and weekly scripts – his practice were reverting back to monthly scripts. BP explained the time and input in producing D/B is considerable.</p>	
8.	Workforce Development & Innovation Project Proposal for Practice Pharmacists	
	<p>Dr Nicola Smith and Janet submitted this bid to Thames Valley Education with the idea to address workforce issues. If successful it would enable our pharmacists to upskill i.e. NMP, clinical assessment & diagnostic skills etc. within their practices. JC will let the group know if MK is successful.</p>	JC
9.	FDB (Optimise Rx) feedback	
	<p>NW reported that FDB are keen to improve ORx and are proactive in responding to the feedback from the practices. The PIS 15/16 target is to increase acceptance rate to 25% or more. They are producing a report to look at Top five acceptance and rejection messages (cost based and safety messages). The more feedback received the more the system can be tailored for purpose. NF said he felt the RED messages were helpful when deciding whether to prescribe these drugs or not. JC explained these are under review to keep up to date and an article was in the latest prescribing news.</p> <p>NS suggested that the practices could use their websites for prescribing changes to keep their patients informed/educated. JC/NW to look at key messages to share with practices.</p>	JC/NW
10.	MKPAG Update – 27th May meeting	
	<p>Items included: Mirabegron audit feedback – it was felt it generally in line with OAB guidance although there were about 11 patients who could have tried an alternative drug first line.</p> <p>Rifaximin was added to the formulary for hepatic encephalopathy and would be initiated by Gastro consultants. They would supply 4 weeks and then review patients to see if benefit to patient before requesting GPs to continue prescribing. They would review again every 12 months to ensure appropriate to continue. This drug unfortunately sits under Antibiotics section although it is thought it should be relatively small patient group. Evidence had showed significant clinical improvement and life changing results. JC thanked the group for their feedback on applications.</p>	
11.	AOB	
	<ul style="list-style-type: none"> NF raised an issue with Warfarin Bridging Policy and felt this should remain with secondary care as has clinical safety issues. JC explained that she had had agreement at the last Thrombosis meetings but had recently had an email from 	

	<p>the hospital contracts team who have an issue with the CCG stopping GPs undertaking bridging. This is not the case as decisions have been made in joint meetings. NF noted that prescribing for bridging is not custom and practice elsewhere. Therefore this is still unresolved and remains with the hospital until agreement is reached. It was agreed that a protocol is urgently needed and this item should be flagged up at the next MKPAG meeting. JC to follow up with HC.</p>	JC
12.	Future Agenda items	
	None recorded.	
	<p>Date of Next Meeting:</p> <p>Wednesday 2nd September 2015 7.30am, Sherwood Place, Boardroom 1</p>	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: