NHS

Milton Keynes Clinical Commissioning Group

MILTON KEYNES Clinical Commissioning Group
Prescribing Group

Janet Corbett (JC)	Head of Prescribing & Medicines Management, CCG	Geena Kirpalani (GK)	GP, MKUCS
Helen Chadwick (HC)	Clinical Director of Pharmacy, MKUHFT	Bhervi Patel (BP)	Community Pharmacist
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Nadia Shaw (NS)	Patient Representative/Healthwatch
Nigel Fagan (NF)	GP, Red House Surgery	CNWL Nurse Rep	Non-Medical Prescriber / Nurse Rep (rotate)
Edward Sivills (ES)	GP, CMK Medical Centre	Aarti Shah	NHSE Pharmacist
Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre		
Richard Simpson (RS)	GP, Parkside Medical Centre	Sharon Wilmore	Minutes, MKCCG
c.c. Dupe Fagbenro (DF)	Formulary Pharmacist, MKUHFT		
Adam Staten (AS)	Federation GP (for information)		

Minutes of the Prescribing Group Meeting held on Wednesday 7th March 2018

	Present			Action
	Janet Corbett Nikki Woodhall Nigel Fagan Edward Sivills	Fatima Mohri Nadia Shaw Helen Chadwick Richard Simpson	Libby Pell/CNWL Aarti Shah Sharon Wilmore	
1.	**Welcome, apologies and introductions**			
	• Apologies received from: Geena Kirpalani/Bhervi Patel • Welcome to Aarti Shah who is an NHSE Practice Pharmacist and will be joining as a new member for the Prescribing Group and to Libby Pell, CNWL representative.			
2.	**Acknowledgement of declaration of any other business**			
	None			
3.	**Notes of previous meeting**			
	The minutes from 10th January 2018 were signed by NF as an accurate record of the meeting.			
4.	**Matters Arising from previous meeting**			
4.1	*Respiratory Project* MKCCG has approved a 6 month project (led by the Federation) to employ a WTE nurse and pharmacist to support practices to tidy up COPD and Asthma registers and review prescribing. Unfortunately the federation were unable to recruit for the WTE position of a pharmacist. Three local Respiratory Nurses have been confirmed to provide a day a week, Erica Haines, Ruth Thomas and Theresa Keefe. NW will provide further feedback from this project when available.			**NW**
4.2	*Gluten Free* The outcome of the National consultation was finalised and recommended that CCGs should just prescribe flour and bread but this is guidance and not a "must do". The Drug Tariff will be amended to only allow Bread & flour to be made available on FP10 – does not include Pasta. A paper is going to Board at the end of this month with 2 options, 1) to stay as we currently are – no Gluten Free with a mechanism to review patients that are at risk of dietary neglect or 2) to move in line with National recommendations.			

	Thanks were made for the hard work put in by practices, with only 8/9 requests to review via IFR with 50% being approved to continue on FP10. There has been a reduction in cost from £12k to £800 per month and it is hoped that the Board will approve option 1) and keep the status quo that has been achieved in Milton Keynes.	
4.3	*Freestyle Libre* JC has been working with colleagues across East Anglia to develop robust criteria for appropriate patients to access Freestyle Libre. A paper is going to CDG to discuss further as was approved as low priority in November. The decision will then be taken to MKPAG for discussion on the 28th March and to also assess criteria suggested. We are in a holding position currently apart from a few individuals approved via IFR. The process for supplying also needs to be agreed as if issued in secondary care it costs £49/fortnight vs £35/fortnight if issued on FP10. Currently there are 4 to 5 patients dealing directly with Abbot and 3 to 5 patients through GP.	
5.	**Prescribing Incentive Scheme 2018-19**	
	The baselines for the scheme have not yet been finalised (due to change over to ePACT2) but the targets have not been changed apart from Braltus switch being moved from % brands target and adding to respiratory target added as a specific target for the identified clinical lead to lead on. The PIS paper is being presented to the Board on the 27th March for final approval. It was agreed that the group were happy with the scheme and no further comments were received.	
6.	**Edoxaban**	
	Edoxaban is on the local formulary as an option for AF and DVT (in line with NICE) but not currently first line choice after Warfarin. There has been a phenomenal growth in NOAC use and Edoxaban is significantly cheaper than all other NOACS. This paper is going to MKPAG with a recommendation to use as the preferred first line choice of NOAC (after Warfarin) for AF (this is a once daily dose which is an added benefit for patients / carers). The group discussed the paper and agreed to support use in AF and also DVT (confirmed that practices already give 5 days of heparin for new warfarin patients / DVT) so would be happy to use in DVT. The Edoxaban switch from Apixaban needs hospital consultant's support. It was agreed to add switch "for suitable patients" to the document and for Edoxaban to be prescribed for new patients. It was also agreed this document should be shared with Toni Fisher and Asim Malik for their review of use in DVT before the MKPAG meeting. If recommended to use for DVT the S1 proforma will have to be updated accordingly. JC was asked to add information on appropriate blood tests into the updated guidance. The MKPAG meeting is at the end of the month and a further update of the NOAC guidance will be circulated if approved.	**JC** **JC**

7.	**InHealth letter re Oral Sedation**	
	InHealth are a MRI Scanning company based on the hospital site and they have sent a letter to some practices asking them to prescribe "appropriate" sedation to be used prior to scan. Some surgeries have complied but others have challenged the appropriateness of this. JC has spoken to Kim Evans(Contracts manager for the service) and asked her to go back to InHealth requesting that they provide this service not the GPs. The response was that the service was nurse led and they had no prescribing staff and also have no access to patient history. They produced the tabled letter and asked Janet to share with practices. It was confirmed that if it is a RMS referral for MRI scanning this would include patient history, and if not enough could be referred back for more appropriate information. It was agreed that the sedation issue is a clinical lead decision and that InHealth should take ownership of this service. JC will have a further discussion with Kim Evans with concerns raised. HC agreed to raise with head of Radiology MKUH. Thanks were made to NF for his comments received via email on this document.	**JC/HC**
8.	**Methotrexate strengths**	
	Historically there have been 2 NPSA alerts and recommendations to review use of two strengths of tablets – 2.5mg and 10mg. There is no directive but the advice was that the strengths be visibly identifiable as it could be confusing for some patients. Milton Keynes did not dictate only using one strength as some patients didn't like taking large quantity of 2.5mg tablets. A query has been raised from a new rheumatology consultant at MKUH, who came from another area who only uses 2.5mg tablets. JC checked ePACT use and apparently two-thirds of prescriptions are for 2.5mg and one- third are 10mgs. Most GPs on the group said they use 2.5mg tablets first line and only prescribe 10mg for patients unwilling to take large quantities of 2.5mg strength. A recommendation was to have an OptimiseRx message for 2.5mg to be used for new patients. JC is to add this item to the next edition of Prescribing News and to remind GPs and Community Pharmacies to council patients.	**JC**
9.	**Eclipse Live**	
	NW gave a brief overview of the system which produces alerts at anonymised level for patients at high risk and need an intervention (e.g. patient on Warfarin with a low Hb) and has significantly reduced hospital admissions elsewhere. Four practices: Parkside/Red House/Whaddon and Watling Vale have agreed to demo this system. Luton and Bedford CCGs already use this system. Aarti confirmed she had used previously in Bedford and felt it was a good system.	

	The Pharmacy Team Meeting on Monday 9th April includes a demo and the group were invited to attend if they are available. Alexia Stenning and Janine Welham from Primary Care and Jenny Brooks/Quality will be attending. NW will circulate further details. JC would look into the potential for incentivising practices (? £3/head pot or future PIS target) to engage with the system if it is rolled out.	**NW**
10.	**MKPAG**	
	The January meeting was cancelled but some items were dealt with virtually. The Patient Information Leaflet regarding the Braltus switch was approved and has been added to formulary site. DMARDs protocol was queried as the new Rheumatologists were refusing to prescribe the initial prescription before asking the GP to continue when patient stabilised. This has been historically allowed due to staffing issues when Dr Jenkins was running the service and should be reviewed in light of new recruitments to service. It was agreed to discuss the issues in a separate meeting. RS said he worked in several other areas where GPs would not initiate DMARDs – seems to be nationally recognised that should be secondary care initiation and need to understand why MK would be outlier to other areas. It was agreed that a GP presence was important to give primary care view and would give extra weight to the discussion. HC would email the date of the potential meeting and noted GP availability.	**HC**
11.	**Any other business**	
	HC announced that new Electronic Patient Record system will be going live at MKUHFT on the 13/14/15th April/May. Obviously they will want to reduce number of patients over this weekend to ensure smooth transfer to new system. It was established that no communication of this service had been sent to GPs and HC would take this information back to the hospital to address immediately. This system will have a new discharge summary (system is being used in Oxford – some GPs have already seen). HC reported that if an operator pressed the stop button by mistake then they couldn't undo and would need to be added back on. The discharge summary is split into sections to identify medications which are to continue, have been stopped and have been commenced. HC asked for any feedback once the system went live. Apologies received from RS for the next meeting.	**HC** **ALL**
12.	**Future Agenda Items**	
	None.	

13.	**Date of Next Meeting**	
	Wednesday 2nd May 2018 – 7.30am Venue: Boardroom 1, Sherwood Place, Bletchley	

Minutes approved as an accurate record by:

(Signature): ..... Print Name: NIGEL FAGAN

Position: GP Date: 4/7/18