

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 7th May 2014

	Present	Action												
	<table border="0" style="width: 100%;"> <tr> <td>Jim Laughton (Chair)</td> <td>Edward Sivills</td> <td>Fatima Mohri</td> </tr> <tr> <td>Janet Corbett</td> <td>Nigel Fagan</td> <td>Nadia Shaw</td> </tr> <tr> <td>Helen Chadwick</td> <td>Maggie Wyke</td> <td>Nikki Woodhall</td> </tr> <tr> <td>Sue Ashwell</td> <td>Joanne Burgess</td> <td>Sharon Wilmore</td> </tr> </table>	Jim Laughton (Chair)	Edward Sivills	Fatima Mohri	Janet Corbett	Nigel Fagan	Nadia Shaw	Helen Chadwick	Maggie Wyke	Nikki Woodhall	Sue Ashwell	Joanne Burgess	Sharon Wilmore	
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1.	Introductions and welcome													
	JL welcomed the group. Introductions were made. Nadia Shaw introduced herself as the new patient representative on behalf of HealthWatch and replaces Arun Vaidyanathan. JC welcomed NS and asked the secretary to minute thanks to Arun for his contribution over the years.													
2.	Apologies for absence													
	Mulukutla Prasad, Post meeting - Bhervi Patel Dr Karia has emailed to resign from the group. On behalf of the group we thank him for his contributions.													
3.	Minutes of last meeting held on 8th January 2014													
	The minutes were signed as an accurate record of the meeting by Jim Laughton.													
4.	Matters Arising													
	<ul style="list-style-type: none"> ▪ Dietician Post JC confirmed that a dietician had been appointed and will hopefully join the Pharmacy team in June. She is appointed on a 1 year contract initially to help with the high level of prescribing of enteral feeds and will offer support to GPs and DNs including producing prescribing guidelines. Milton Keynes is significantly higher prescribers of enteral nutrition than the national average even with our young population. 													
5.	Prescribing Incentive Scheme 2014/15													
	NW informed the group of the finalised PIS scheme which has been sent out to practices.													

	<p>JC explained the new scheme should help meet the following issues:-</p> <ul style="list-style-type: none"> - Decrease admissions - Healthcare acquired infections - Decrease medicines waste - Major Killers inc. LTCs - Frail elderly (Meds adverse reactions) e.g. Falls <p>The 2nd qualifying element to the scheme is attendance at a workshop (due in the new year) which will look at process issues such as repeat prescribing and waste and also clinical issues e.g. pain management (including hospital issues with pain clinic) and medicines which increase the risk of falls.</p> <p>SA explained that the hospital respiratory consultants were looking at switching patients from Fluticasone to Fostair now that it has a licence for COPD. Also the surgical team had been discussing issues with Tramadol as it is due to change to controlled drug – this is likely to help reduce use.</p>	
6.	<p>Optimise Rx Update</p>	
	<p>JC gave an overview of the Optimise Rx system which was approved to replace ScriptSwitch following a demo to GPs. MK was due to go live on 1st April. However due to some technical issues (and another CCG going live the same week) it has been delayed.</p> <p>CMK were the only practice to manage to go live and stay live. They have been very helpful in feeding back any issues with the profile. It is likely to highlight that there may be some issues with formulary adherence across MK.</p> <p>It was agreed that MKPAG would support any changes needed where it was custom and practice without having to go through full process e.g. use of Lidocaine moving from specialist use only to general use.</p> <p>There is now a phased rollout plan to ensure all practices are up and running before the end of May.</p> <p>ES fed back some issues re pop-up recommending Amoxicillin syrup in place of Sugar-free preparation due to being slightly cheaper and said it would be more helpful if suggestion popped up prior to putting in dose etc. JC said she would feed back to First Data Bank (FDB) and as we were early adopters of the system it was good to feedback any issues and that they should be receptive to make the changes.</p>	<p>JC/NW</p>
7.	<p>Budget Setting process</p>	
	<p>JC informed the group that the methodology had been updated to reflect change from ScriptSwitch to Optimise Rx but otherwise the process remained the same as last year.</p>	
8.	<p>Management of Cellulitis in Primary Care</p>	
	<p>JC passed on Naomi Flemings apologies and asked the group for any comments on the guidance on her behalf.</p> <ul style="list-style-type: none"> • Minimum Diagnostic Criteria: Redness, Warmth, Oedema, Pain +/- Dysfunction. Should it be all or some of the criteria as not all patients have oedema? • Draw around the affected areas. ES asked about appropriate pen to use as mostly used biros but this is not the most patient friendly pen. JB explained that in practice DNs only carried biros and it was not practical to use anything else. • Periorbital cellulitis - <u>urgent referral to ophthalmology team.</u> The group asked for clarification as they would only normally do urgent referral 	<p>JC to feedback to NF</p>

	<p>for Orbital cellulitis and not Periorbital.</p> <p>The group recommended the final guidance should be laminated and sent out to all GPs as a working document and filed with the antibiotic guidance on the formulary website</p>	
9.	Azithromycin prescribing guidance	
	<p>JC presented this guidance for Azithromycin for long term use in patients with Bronchiectasis (which is an unlicensed use) which had been written by Naomi with support from the Respiratory LIT and Hospital respiratory team and asked the group for any comments.</p> <p>Clarification that GPs shouldn't initiate this treatment regimen but guidance is aimed at supporting GPs with general advice.</p> <p>The group felt it would be useful if there was a link to list of drugs that affect QT intervals They also wondered what happens to patients that are not under the respiratory team at the hospital when their annual review is due?</p> <p>The committee asked if it could be made clearer on guidance and Patient information leaflet to stop taking azithromycin during an exacerbation requiring treatment with other antibiotics. Local chest consultants advise to stop the Azithromycin whilst being treated for an exacerbation and to restart after the acute course of antibiotics.</p> <p>Patient Information Leaflet</p> <p>Points raised included:</p> <ul style="list-style-type: none"> • Change Prophylactic to Preventative • Remove at once from following sentence. If you develop diarrhoea or loose stools during treatment, tell your doctor at once. • Reference to more up to date trials to be added Dupe from hospital to pick up as Naomi leaving end of May. <p>MW asked if the Brompton had been consulted as most of her patients on Azithromycin came from there. SA explained the reluctance in the Brompton sharing their advice. MW will ask one of her patients for a copy of their patient information to compare.</p> <p>Dupe from hospital to pick up as Naomi leaving end of May.</p> <p>Overall, the guidance was welcome as being very useful especially with lack of evidence.</p>	<p>JC to feedback to NF</p> <p>MW</p>
10.	Buccal Midazolam (Buccolam) switch from Epistatus	
	<p>HC advised the group that on behalf of the children's nurse (Teresa Woods) a request had been made to move from unlicensed brand Epistatus to licenced Buccolam. Following a review of current primary care prescribing the switch was approved by MKPAG. Teresa will be supporting patient's switch over with the guidance and recommends switching when the next prescription was due to prevent waste.</p> <p>The group recommended changing the footer and adding the contact details of Teresa as it reads that Medicines Management Team at CNWL should be contacted for further information.</p>	HC/NW
11.	Opiates – Patient Information Leaflets	
	<p>SA presented the opioid patient information leaflets on behalf of Dr Jane Wale and asked for comments to take back to the hospital.</p> <ul style="list-style-type: none"> • To add Matrifen as preferred brand of fentanyl patch in primary care and to add issues with regards to heat / bath etc. • To add PILs to formulary website – patients would be able to access as WWW address. 	ALL/SA

	<ul style="list-style-type: none"> MW asked if they could change format of Morphine dosing for patients on long term <p>Any further comments should be sent to SA before 21st May.</p>	
12.	Prescribing Forum Update	
	<p>JC / SA met and discussed outstanding issues with Vitamin D guidance – there is high strength fultium (800 & 3200 units). SA to ask Pharmacy to chase Dr Jenkins to help produce cost effective guidance.</p> <p>Hospital Out-Patient Letters SA explained that the new pads of the out-patient letters were now available in all areas of out-patients. Unfortunately they are not able to be typed but please feedback any issues to hospital pharmacy including legibility or use of older forms and they will follow-up. AECU have pre-packs for medicines needed straight away; otherwise will use the OP letters.</p> <p>Warfarin Bridging SA advised the hospital is still working on guidance.</p>	ALL
13.	PGDs	
	<ul style="list-style-type: none"> Salbutamol <p>NW asked for comments on PGDs. They were signed off by the group.</p>	NW
14.	MK PAG Update	
	<p>The last MKPAG meeting was held on 26th March 2014. Key points include:-</p> <ul style="list-style-type: none"> Overactive bladder flowchart was approved which places Mirabegron as 3rd line and was added to the formulary. 	
15.	Professional Issues/Any other business	
	<p>1.1. Schools and requesting prescriptions for all medications administered (JL) JL explained that he had several issues with patients requesting OTC medicines to be prescribed at schools request and he was going to draft a letter to prevent. MW explained she had faced similar issues but it was down to local authorities / schools requirements of not excepting medicines without dispensing labels. HC recommended JL speak to school nurses for advice.</p> <p>1.2. Minor Ailments Scheme (JL) JL said he had heard of mixed results of the scheme depending on trained staff in Community Pharmacies. JC explained there was no set training scheme any longer and that as professionals all pharmacies should be able to offer MA scheme.</p> <p>1.3. Controlled Drugs System 1 does not highlight when a drug is a CD unlike previous IT systems. JC to speak to Marianne</p> <p>1.4. Parallel imports of contraceptives MW said that she had a patient who had been issued a PI of the Pill and instructions were in French including the days of the week – relabelled on only 1 of the 3 strips in English. JC said we would look into but it would be down to the MHRA requirements. Post meeting note: NW spoke to Bhervi and she confirmed that all strips of the Pill</p>	JC

	should have it over-labelled in English and she checked a pack and all strips were.	
16.	Date of Next Meeting Wednesday 2nd July 2014 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: