

**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 4th November 2015**

	Present	Action
	<p>Janet Corbett Edward Sivills Fatima Mohri Khatereh Emambakhsh</p> <p>Nadia Shaw Nigel Fagan Bhervi Patel</p> <p>Nikki Woodhall Sharon Wilmore/ Minutes</p>	
1.	Introductions and welcome	
	ES, as chair, welcomed everyone to the meeting	
2.	Apologies for absence	
	Helen Chadwick/ Dr Neil Douse /CNWL representative/Dr M Prasad	
3.	Minutes of last meeting held on 2nd September 2015	
	The minutes were signed as an accurate record of the meeting by ES.	
4.	Matters Arising	
	<p>4.1 Salbutamol review in line with NRAD and information for patients</p> <p>NW reported that the CCG shared this paper with practice managers and suggested they share with their PPGs. Practices are currently working on their Salbutamol reviews. NW recently attended a meeting in London and reported that there were a lot of other areas who were reviewing their patients prescribed large quantities of Salbutamol. She also explained that she had recalled scripts with large quantities >10 – the PPD informed us of some inputting errors, which was unfortunate but reassuring that patients had not received such large quantities.</p> <p>4.2 Tapentadol Update</p> <p>Little to report as the Chronic Pain guidance discussed at the MKPAG September meeting was not finalised as there were a lot of queries/questions still to be resolved with Jill McDonald and the Pain Consultants.</p> <p>A cost impact report has been requested for all new pain medicines requested to be added in line with the guidance. A further update should be forthcoming after the MKPAG November meeting.</p>	

	<p>4.3 SMBG Review and Recommendations</p> <p>Our Care Home pharmacist (Jas Janjuha) has finalised her report and will be attending the PLT Diabetes event on 26th November to share the information with practices (particularly practice nurses). JC has been looking at the range of lancet choices & costs. This is work in progress.</p> <p>4.4 Warfarin bridging – update</p> <p>The hospital has accepted the safety argument that patients requiring peri-operative warfarin bridging with LMWH should be managed by secondary care. A Business Case has been presented to the hospital management that proposes bespoke clinics but there is an issue with tariffs so this is not finalised.</p> <p>NF mentioned that GPs felt blackmailed by the hospital to cancel operations if the patients were not managed in primary care. There is pilot due to run to address these issues– JC to check</p>	JC
5.	Review of new products for COPD	
	<p>NW thanked the group for their comments on the draft COPD prescribing guidance highlighting the different medicines and inhaler devices. The group agreed that the unlicensed route would be the better option although there was an issue re prescribing Inhaled corticosteroids off licence. However to help with patient safety concerns and patient compliance the unlicensed route was supported. There were some concerns over switching inhalers especially with housebound patients who might get confused as to which ones to use.</p> <p>NW is to meet with Dr Milan Bhattacharya to discuss this guidance further before submitting for MKPAG November meeting.</p> <p>The group thanked NW for her “fantastic” work on this project.</p>	NW
6.	Formulary for Oral Nutritional Supplements	
	<p>Ruth Hammond has produced this formulary guidance and the paper was presented to the recent MKPAG meeting. As they had no hospital dietician input on the group they suggested it go to the hospital Nutrition Steering Group for input before sign off. We are waiting for their response.</p> <p>There is a ONS formulary list for GPs which is going ahead. NF asked that this list aligns with the Formulary and S1 re quantities and flavours. Emma Hooton (West Pharmacist) / NW will input the quantities on S1 and if possible put starter pack at the top of the list.</p> <p>BP mentioned there is a problem with EPS as it does not differentiate between flavours but seems to think there is a specific button that can be pressed to enable this function and will confirm to the group if this is the case.</p> <p>NW mentioned that we were improving the local formulary on S1 and had recently added different doses/quantities for Prednisolone (1 for asthma & 1 for COPD)</p>	NW BP

7.	Managing repeats and minimising waste – Discussion	
	<p>JC presented a paper to the CDG last month which highlighted the growth areas to demonstrate why the uplift was insufficient to support growth in the Prescribing Budget. To note was MK prescribing costs per patient remains below the national average.</p> <p>JC showed a newspaper article showing costs for certain medicines had increased significantly when going generic or switching manufacturer e.g. Phenytoin. These costs are out of our control to manage..</p> <p>JC was asked to look at the recent Kings Fund report for potential areas of cost savings in medicines, following initiatives implemented elsewhere. There is a clear steer from CDG to support the managed repeats work implemented in Luton CCG. Luton have put in a scheme preventing Community Pharmacies re-ordering repeats on behalf of patients as there is evidence of some ticking all items even when patients do not require them increasing the waste problem. JC is attending the Practice Managers December meeting to discuss scheme further. Healthwatch carried out a patient survey to investigate the ordering of prescriptions.</p> <p>JC recently met with Age UK. They have people going into patient's home and are keen to support the medicines waste issue. It was agreed they would provide help identifying patients who would benefit from information on sensible ordering and also to flag up any stockpiling issues via the mkccgpharmacy@nhs.net account. The neighbourhood pharmacists can help with issues in their practices. There will be a small fee for referrals NF suggested that chemists are stopped from reordering/or if there could be a preferred chemist list. It was stated that this goes against the GP contract and so this was not possible. Also worth considering is incentivising practices to help reduce waste. Also need to be aware of issues for patients who may not have other options for re-ordering.</p> <p>CNWL are no longer completing MARS charts. This has now been split between GPs (patients in their own home) and pharmacies (Care Home patients).</p> <p>NF mentioned that there was a feeling in primary care that NOACS are first line choice for patients but he is checking with Dr Mahendran for evidence. JC re-iterated that warfarin remains the preferred first line choice.</p>	JC
8.	MKPAG Update	
	<p>New guideline for Antifungal therapy was discussed – relevant to hospital only as the antifungals are funded by NHSE. Messages will go on Optimise to ensure GPs do not prescribe.</p> <p>The guidelines on pain management are still under review. There are cost implications for extending or adding products to the formulary; Tapentadol, Buprenorphine Patch, Oxycodone and Nortriptyline.</p> <p>A form was approved for minor amendments to the formulary, including those that had no cost implications to add the additional drug.</p> <p>Shared Care Guidelines – NW sent these out late on 3rd November via email – please could you let NW/JC have any comments as soon as possible for the MKPAG November meeting (25th).</p> <p>Points raised at the meeting included:</p>	NW ALL

	<ul style="list-style-type: none"> • FM requested that a direct telephone contact number be shown on these guidelines. The guidance states the consultants will discuss with GP prior to SC but in reality a request is just sent with no discussions. • “Monitor general health & wellbeing of the patient” – what and when are the GPs checking? <p>Oxycodone application – there was no financial data/impact on primary care. It was requested this should be looked at before extending the formulary.</p> <p>NF requested a change on the Formulary to show generic name for the branded generics we have recently started using as not all the GPs would be aware of the new product – e.g. Abtard is the most cost effective brand of Oxycodone (cheaper than Longtec). The generic name could be shown in brackets.</p> <p>Quetiapine – BP to confirm stock status regarding this item and will try to alert the Pharmaceutical Advisors of any future stock issues.</p>	NW BP
9.	New PGDs	
	<p>NHSE have decided not to renew some of the PGDs so the Pharmacy team have recently reissued the following:</p> <p>Hepatitis A & B (Adult) Hepatitis A & B (Child) Hepatitis A & Typhoid Hepatitis A (Adult) Hepatitis A (Child) Typhoid Hepatitis B Dexamethasone oral for Croup for MKUCS use Diclofenac Intra muscular inj for MKUCS use NF thanked JC on behalf of the practices for the PGDs.</p>	
10.	AOB	
	Nothing to report.	
11.	Future Agenda items	
	None recorded.	
12.	Date of Next Meeting: Please note change of date Wednesday 13th January 2016 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: