Milton Keynes Clinical Commissioning Group

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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
		Neil Douse	GP, Stonedean Practice
Helen Chadwick (HC)	Clinical Director of Pharmacy, MKHFT	Joanne Burgess (JB)	District Nurse / Non-Medical Prescriber Red House Surgery
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Bhervi Patel (BP)	Community Pharmacist
Nigel Fagan (NF)	GP, Red House Surgery	Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre
Edward Sivills (ES)	GP, CMK Medical Centre	Nadia Shaw	Patient Representative
c.c. Dupe Fagbenro (DF)	Formulary Pharmacist, MKHFT		

Minutes of the Prescribing Group Meeting held on Wednesday 5th November 2014

	Present	Action
	Jim Laughton (Chair), Janet Corbett, Edward Sivills, Nikki Woodhall, Nadia Shaw, Bhervi Patel, Helen Chadwick, Neil Douse, Sharon Wilmore - minutes	
1.	**Introductions and welcome**	
	JL welcomed Dr Neil Douse to the group	
2.	**Apologies for absence**	
	Nigel Fagan, Fatima Mohri, Mulukutla Prasad, Joanne Burgess (post meeting)	
3.	**Minutes of last meeting held on 10th September 2014**	
	Item outstanding – MHRA for out of stock items - JL reported that there is no system currently but somebody was working on it. JC said she had received a report and would look into sharing if it was useful. The minutes were signed as an accurate record of the meeting by Jim Laughton	**JC**
4.	**Matters Arising**	
	4.1 **Opiates** (Patient Information Leaflets) - HC explained that she had discovered the PILs had been finalised and gone live without returning to prescribing group. **HC to send JC/NW latest version of the PILs to circulate.** 4.2 **Sildenafil (Viagra) for private patients** - it was agreed that NW would inform practices of a search available to identify private patients receiving sildenafil in order to discuss whether to offer on the NHS in line with new guidance. If practices would like help they could speak to their Neighbourhood Pharmacist. Also item to be mentioned at Neighbourhood Meetings. 4.3 **OptimiseRx Newsletter** – the content was discussed and comments were asked for. Once finalised this document will be sent out to all GPs. ES asked if all practices were "live". First paragraph to be amended to delete "most" practices	**HC** **NW**

	and to add "at least" to 6 months. This is a work in progress with the reporting tool available from FDB. Any further comments to NW before next week – to be sent to group electronically. FDB will have a stand at the training session on the 22nd January.	**ALL/NW**
	4.4 **OptimiseRx - NICE Lipid messages** – JC produced a report which highlighted muted messages on OptimiseRx. This records how many "hits" we would get across the CCG if the message was live. It was felt that the Atorvastatin messages would likely be ignored and to keep them as muted messages for now. JC also highlighted high hit count for SSRIs / tricyclics for over 65s with a history of falls. ND asked if this could include low dose e.g. amitriptyline 10mg. **JC/NW to look into.** It was also agreed to **enable Progestogen message** and **disable topical preps** first line over oral NSAIDs.	**JC/NW**
	4.5 **Prescribing News** 4.5.1 Just In Case bags – all information has been updated on CCG website 4.5.2 Breathlessness guidance updated on formulary website 4.5.3 Nitrofurantoin information in latest Prescribing News including recent update from MHRA changing eGFR to <45 now. 4.5.4 PGDS from NHS England – reminder to practices that FLU PGD had been sent out by NHS England and to ensure they are on the distribution list – it was felt the emails from NHS England are not very effective / easily recognised as containing PGDs. JC had received an email from NHS England suggesting practices were having difficulties with electronic recording site. BP confirmed that the form for Community Pharmacies needed to be reviewed as currently not easy to complete and the SONAR system does not let GPs know that the pharmacy has given their patient a flu jab. Some practices were not sharing their email addresses to help with populating the form. JC to ask NPs to share at the Neighbourhood Meetings and speak to Practice Managers.	**JC**
5.	**MK PAG Update – September meeting**	
	5.1 Linaclotide flow chart for IBS was approved (subject to formatting). However two new drugs have been introduced recently and Mr McFaul is to help confirm place in therapy in line with the new guidance and modify as appropriate. 5.2 Lisdexamfetamine – this is with CNWL to work out a process as there was an issue re supply of FP10s – therefore it is not going on the formulary until the process for them to initiate and stabilise patients before asking GPs to continue prescribing is sorted. 5.3 Shared care protocols – HC explained that Folake had recently left the Pharmacy department and Dupe will be sorting these when she returns from leave – to go to next meeting. HC mentioned the Alcohol Pathway was discussed at last meeting following a request to add Acamprosate to the formulary. However it was agreed there was a need for a process for added support as well as prescribing. JC is to meet with Jo Trueman from the Council to ensure the service is commissioned properly - work in progress. Nalmefene (new drug for alcohol intervention) is non-formulary. JC advised the group of a letter explaining stock issues with Buccolam – advice is not to switch any more patients until resolved. **NW to scan this letter and send to Teresa Wood, Ann Carr and HC for information.**	**NW**

6.	**Cost Pressures Analysis**	
	CDG, who meets to approve new business cases, asked JC to present a paper on overall prescribing issues including finance at their next meeting at the end of the month. It was a bad year last year for prescribing and it continues to be reported as a growing cost pressure for this year. This hasn't been helped by issues out of our control e.g. drug tariff changes and specials. We are expecting an increase of costs (£300K) from changes to the October drug tariff. JC asked the group for any comments and ideas on how to engage with practices as there are still issues with: • not accepting OptimiseRx messages (cost saving and safety messages) • formulary not being adhered to including secondary care requests for non-formulary items being accepted and not challenged • a lot of issues with regards to repeat prescribing systems including duplicate prescribing • irregular or no clinical reviews • non-clinical staff read coding including cancer diagnosis not coded properly • lack of housekeeping of prescribing records • lack of documentation of starting / stopping medicines. The paper was discussed and comments made. NW explained that we would be looking at some of these system issues with prescribing Clerks / receptionist training event on January 22nd at Herons Lodge. HC explained the hospital pharmacy were to start looking at non-formulary requests and would feed this report into the Pharmaceutical Advisers. Comments made: • Overall prescribing costs per capita (corrected for age profile) remains lower than the National average • Practice Nurses could help with prescribing of dressings to ensure clinically and quantities are appropriate • NOACs – we are currently prescribing less than national average. HC suggested comparing to Bucks CCG (Jane Butterworth) as they have commissioned a service – JC to contact • NP8 – this new system counts some regularly prescribed items as specials at an increased cost. JC requested practices agree to bulk switches allowing these items on S1 to be changed appropriately by neighbourhood pharmacists. Please send any further comments to JC by 11th November 2014. **Prescribing Incentive Scheme 2015/16** – Item discussed on whether to continue with PIS in light of new challenges practices are facing and to ensure cost effective as more difficult to find cost saving elements. The scheme needs to be cost- neutral (pay for itself) and we need to be able to monitor targets. Please send any further comments / ideas to JC/NW so that we can bring back to the next meeting.	**HC** **JC** **ALL**
7.	**Management of Infection – Revised Guidance**	
	This document was adapted locally from the national guidance – items were highlighted for discussion.	

	Further comments made: NS asked if the Flu jab was available on the NHS for people living with immunocompromised patients (not officially their carers). **Post meeting note: - extracted from the Green Book** the medical practitioner should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above. **Consideration should also be given to the vaccination, with inactivated vaccine, of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable**. The NHS information for practices does not include this so they could do it but not claim payment. Add reference on each page and page numbers "1 of …" Request for a copy to be sent to the hospital, community pharmacies and CNWL Add document as an icon on S1 and onto the Formulary	**JC** **NW**
8.	**Professional Issues/Any other business**	
	No issues raised	
9.	**Date of Next Meeting** **Wednesday 14th January 2015 7.30am,** Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:
(Signature): …… Print Name: ……..

Position: ……... Date: ……..