

**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 2nd September 2015**

	Present	Action
	Janet Corbett Edward Sivills Helen Chadwick Fatima Mohri Nadia Shaw Neil Douse Nigel Fagan Bhervi Patel Nikki Woodhall Lorraine Gardiner (CNWL-MK nurse)	
1.	Introductions and welcome	
	Lorraine Gardiner – Long Term Conditions Manager was welcomed to the meeting. She is a representative for CNWL-MK & Non-medical prescribers. This post will continue to rotate throughout the year in place of Joanne Burgess. The meeting was chaired by Dr Sivills.	
2.	Apologies for absence	
	Khatereh Emambakhsh	
3.	Minutes of last meeting held on 1st July 2015	
	The minutes were signed as an accurate record of the meeting by ES.	
4.	Matters Arising	
	<p>4.1 Opiates (Patient Information Leaflets) HC will ensure that the current leaflets are loaded onto the formulary website</p> <p>4.2 PIS 14/15 NW explained that a paper had gone to CDG and payouts had been approved. She explained that there were fewer practices achieving a payout this year and this had mostly been due to non-submission of clinical reviews. Letters have been sent out to practices on the process on how to claim.</p> <p>PIS 15/16 The scheme is well underway. The pharmacy team are planning the PLT event in January 2016. Dr Bhattacharya has agreed to speak and is likely to be on “difficult to manage asthma / Bronchiectasis”. Also we are looking at doing a role play on a good and bad respiratory clinical review, a review of the new inhalers added to the formulary and launch of updated COPD prescribing guidance. There is also a plan to do a practical session on inhaler technique with the new devices. Details to come back to future meeting.</p>	<p>HC</p> <p>NW/JC</p>

	<p>4.3 Salbutamol Review in line with NRAD for PIS 15/16 NW submitted draft patient information on Asthma Care in Milton Keynes for comment. NS had agreed in a previous meeting to share information via Healthwatch. NS commented that it could be used at their public event in November. JC suggested it goes to PPGs to distribute via newsletters. It was agreed to send to Practice Managers and ask them to distribute to PPGs / use as needed. BP asked to have a sentence added to highlight Community Pharmacies as a place to also have inhaler technique checked and for further advice.</p> <p>JC explained that the Pharmacy Advisers had recalled some of the prescriptions with high quantities of Salbutamol following discussions with practices. NW explained she was still waiting for them to be received. This item will also be added to the next edition of Prescribing News. JC asked LG to remind district nurses/community matrons to use the pharmacy advisers NHS.net account with details of waste issues.</p> <p>Please send any further comments on the draft patient information to NW before Friday 11th September.</p> <p>4.4 Constipation Guidance JC submitted an updated guidance for constipation for comment. This was well received and there were no further comments. NW suggested changing the review date to Aug 2018 as this guidance rarely changed. This was agreed by the group.</p> <p>4.5 Tapentadol Update JC presented a Chronic Pain Guideline and Tapentadol Shared Care Guideline for comment which would be fed back to MKPAG. The following discussions were had:</p> <ul style="list-style-type: none"> • would like to see more strength to Serotonin issues e.g. using Tapentadol with SSRIs and increased risk. This should be documented in letter back to GPs. • SSRIs are not always put on repeat prescribing system and therefore there was a risk that complete data might not be sent into hospital. • It was suggested that a message could be put on Optimise Rx to highlight risk of prescribing Tapentadol with SSRIs <p>Please send any further comments to JC before Monday 21st September in time for the next PAG meeting.</p>	<p>NW</p> <p>ALL</p> <p>JC</p> <p>ALL</p>
<p>5.</p>	<p>Review of new products for COPD</p>	
	<p>JC informed the group that there was a meeting with the hospital respiratory clinicians and both pharmacy departments to review new inhalers for COPD. She presented a paper which highlighted the different medicines and inhaler devices. There was little evidence to differentiate between the inhalers and that it would be a challenge to see where they should fit into the current prescribing guidance. NF highlighted the importance of keeping the guidance as simple as possible.</p> <p>Details of the meeting and any outcomes would be fed back at the November meeting.</p>	<p>JC/NW</p>

6.	SMBG Review and Recommendations (Please note – Confidential Document)	
	<p>JC presented paper and explained that Jas Janjuha had been working on this review of SMBG with the Diabetes specialist nurses. JC highlighted that MK was the 3rd highest CCG on spend in this area. Previously practices had worked on reviewing the quantities issued but it was important to review the product choice now in line with other CCGs. The current guidance was being updated to take into account the recent DVLA guidance for testing in drivers which would increase testing in this group.</p> <p>The review was based on the review by Greater Manchester which looked at both quality and cost and focused on the quality measures of the tests in line with ISO standards, which is due to be enforced across the companies next year. They looked at the sensitivity and specificity of the tests and ranked the machines. Samples of the top 8 machines were tested by a small group of 4 patients for user-friendliness. JC & JJ had used the same formula for scoring as used in procurement process – 60% for Quality and 40% for cost. This had produced a top 4 cost effective product choice for 1st line general use.</p> <p>JC asked for comments on the report which JJ will be presenting at the Diabetes PLT meeting in November,</p> <ul style="list-style-type: none"> • The group felt it was important to raise awareness across practices on use of machines not meeting ISO requirements. • It was felt that it should be possible for practices to review patients in their annual review (it would be helpful if the nurses had access to appropriate machines – BP asked if it was possible for Community Pharmacies to have access as well). • BP suggested there maybe issues getting hold of some of the older machines that are in the list as thinks they may be discontinued by the manufacturers – including Accu-Chek Active. • Would benefit to have a patient info on the reason for switching – JC said this could be added to the current leaflet. <p>JC to feedback to JJ to discuss with the companies.</p>	<p>JC</p> <p>JC</p>
7.	Managing repeats and minimising waste – Discussion	
	<p>JC asked for any suggestions on how we try to tackle the issues with managing waste in prescribing. More than 70% of all prescriptions are on repeats and the system can be less than robust due to the volume of scripts. The Pharmacy Advisers provided training in January to repeat prescription clerks but we need to come up with some more ideas.</p> <p>There have been some recent schemes in other CCGs including funding pharmacists to manage / review repeats at the point of printing and before signing. Luton have put in a scheme preventing Community Pharmacies re-ordering repeats on behalf of patients as there is some evidence of some ticking all items even when patients do not require them.</p> <p>It was agreed that patient education would be useful including them to only order what they need, communicate when they are receiving medicines they are not taking and to check their medicines before they leave the pharmacy as cannot be returned once leaving – JC/NW to investigate with Comms team.</p> <p>Investigate a “Not dispensed” scheme for Community Pharmacies; discuss issues at the next Pharmacy Development Group meeting in the autumn.</p>	<p>JC</p> <p>JC/NW</p>

8.	FDB (Optimise Rx) update	
	NW reported that FDB had finally produced a report to look at Top five acceptance and rejection messages (cost based and safety messages). NF asked if it was only the Top 5 messages it reported on. NW said the report enabled her to pull off more e.g. Top 10 or 20 but felt for the purpose of the PIS practice meetings it would be appropriate to stick to the Top 5.	
9.	MKPAG Update – 22nd July meeting	
	<p>Aripiprazole and Paliperidone depot injections were added to the formulary for use after consultant psychiatric initiation.</p> <p>Melatonin (Circadin 2mg MR tablets only) was added to the formulary for use in parkinsons patients. Consultants would initiate. They would supply 2 months and then review patients to see if benefit to patient before requesting GPs to continue prescribing. MKPAG rejected Shared Care Protocol for Eprex – prescribing to remain in secondary care.</p> <p>Zeroderm range of emollients was added to formulary as first line option before using CetraBen – this is now second line option. This was in light of review with Libby Pell Specialist Dermatology Nurse.</p> <p>JC thanked the group for their feedback on applications.</p> <p>FM raised an issue with Warfarin Bridging Policy and asked if there was any update. HC informed the group that this was now being looked at by the Medical Director of the hospital as it was needed to re-look at pathways and not just the prescribing element. There are concerns both from primary and secondary care over clinical safety issues and it is important to try and resolve this on-going issue urgently.</p> <p>JC & HC both to keep an eye on the review and feedback to the group.</p>	JC/HC
10.	AOB	
	<p>10.1 Antibiotic Stewardship – Patient Safety Alert</p> <p>JC presented this paper – it is good to note that some practices had already been involved with using TARGET in previous PIS scheme. To go in next Prescribing News to raise awareness with the patient safety alert.</p>	JC
11.	Future Agenda items	
	None recorded.	
12.	<p>Date of Next Meeting:</p> <p>Wednesday 4th November 2015 7.30am, Sherwood Place, Boardroom 1</p>	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: