

**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	Neil Douse	GP, Stonedean Practice
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
		Nadia Shaw	Patient Representative
c.c. Folake Kufeji (FK)	Formulary Pharmacist, MKHFT		

**Minutes of the Prescribing Group Meeting held on
Wednesday 10th September 2014**

	Present		Action									
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Jim Laughton (Chair)</td> <td style="width: 33%;">Nigel Fagan</td> <td style="width: 33%;">Nadia Shaw</td> </tr> <tr> <td>Janet Corbett</td> <td>Mulukutla Prasad</td> <td>Bhervi Patel</td> </tr> <tr> <td>Nikki Woodhall</td> <td>Edward Sivills</td> <td></td> </tr> </table>	Jim Laughton (Chair)	Nigel Fagan	Nadia Shaw	Janet Corbett	Mulukutla Prasad	Bhervi Patel	Nikki Woodhall	Edward Sivills			
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Nikki Woodhall	Edward Sivills											
1.	Introductions and welcome											
	<p>JL welcomed the group. JC advised that Maggie Wyke has resigned from the group due to retirement. As one of the original members the group would like to thank Maggie for all her input and support over the years. Neil Douse from Stonedean has agreed to join the group (from November's meeting).</p>											
2.	Apologies for absence											
	Helen Chadwick, Fatima Mohri, Joanne Burgess											
3.	Minutes of last meeting held on 9th July 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 Ruth Hammond (dietician) is now in post and has identified several practices to start working with on reviewing enteral feeds. ▪ Opiates – Patient Information Leaflets JC to follow up with hospital and bring back to next meeting. ▪ Linaclotide flow chart for IBS JC and NF have worked with George McFaul and an updated flow chart was due to go back to next MKPAG for approval. ▪ Vitamin D guidance JC has agreed an algorithm with Dr Jenkins which is due to go to next MKPAG for approval. ▪ Just in case bags / Anticipatory medicines JC thanked NF for his support to produce a System1 template. JC informed the 		JC									

	<p>group that she has been working with practices and community nurse's re issues with the policy and drug availability. JC met recently with lead community pharmacists in the area who said it was possibly down to a lack of understanding of the policy. JC approached MKUCS who have agreed to hold larger stock quantities of these medicines including CDs, Glycopyrronium and Hyoscine which seem to cause the most problems. The hospital pharmacy now provides a top-up service to MKUCS and will help maintain supply. These medicines will be available in and out of hours. Information to go in Prescribing News.</p> <ul style="list-style-type: none"> ▪ New Insulin drug chart JC fed back comments to DNs following the last meeting. They replied saying that unfortunately the chart is currently not available electronically as it needs to be printed on card and they are not users of Systm1 for it to be pre-populated. The allergy section will be looked at the next review. ▪ Microalbuminuria Policy This policy went to MKPAG meeting but before being finalised by this group, Dr Ali asked for it to be pulled from this agenda for further work. To come back to this group for final sign off. ▪ Prescribing Update Session - Thursday 22nd January 2015 at Herons Lodge JC explained that 26 out of 27 practice visits had now taken place and details of this meeting had been discussed. The team have been working on putting together a program to include 3 case studies in the clinical session. ▪ Breathlessness guidance All information was approved at MKPAG and has been uploaded onto formulary website. Information to go into Prescribing News. 	<p>JC/NW</p> <p>JC/NW</p>
<p>5.</p>	<p>Optimise Rx (Cost savings report & missed opportunities)</p>	
	<p>NW presented the reports available from Optimise Rx system. First Data Bank (FDB) is keen to work with us to ensure the reports are user friendly and useful. NW to draft a newsletter for practices to update on benefits to using Optimise as well as to highlight the missed opportunities. It was noted that Pregabalin is one of the top cost savings with dose alignment switches (using the most appropriate strength). NF asked if we could add a column into the PIS audit template to check when reviewing patients. NW to speak to Emma Hooton (Neighbourhood pharmacist) who has been working on the template with practices. Draft newsletter to go to November's meeting.</p> <p>JL said he had contacted the MHRA recently to query issues with out of stock items / supply issues. As manufacturers are supposed to inform them of any issues he asked if there was a mechanism to let practices know. BP said it was also sometimes down to community pharmacy quotas which made it difficult to get hold of some medicines. JC reminded the group of the importance of community pharmacies being helpful when sending patients back to GPs and to suggest alternative medicines that were available. NW to investigate what can go through Optimise, but JC explained that the Pharmacy team often do not hear of issues until GPs raise them.</p>	<p>NW</p>
<p>6.</p>	<p>NICE Lipids guidance</p>	
	<p>JC produced a paper highlighting the recommendations from NICE on Lipids. She asked the group for their thoughts on the guidance as Optimise had raised several messages nationally to prompt prescribers with the new guidance and was waiting to be approved for local use. The main recommendation is the switch from Simvastatin 40mg to Atorvastatin as first line. NF says he was unconvinced of any further evidence to show benefits at higher doses. He is looking at switching diabetic patients but as a gradual move. General feel from the group that 10% risk profile was</p>	

	<p>being ignored unless patient driven and then pros and cons for treatment discussed. There were concerns over excessive blood monitoring including costs etc vs gain.</p> <p>It was agreed to mute the messages on Optimise – this would allow the team to see how many times the message would have popped up if they were live on the system.</p> <p>To review and bring back to November’s meeting.</p>	JC/NW
7.	Sildenafil guidance	
	<p>JC produced a paper highlighting the changes to prescribing of ED drugs. From the 1st August generic sildenafil is no longer SLS criteria and patients who did not meet NHS criteria and were currently having private prescriptions could now have generic sildenafil on the NHS (Quantities of 4 per month still apply). Chewable sildenafil and branded Viagra are not included. NF asked for some advice on how practices could identify their private patients – NW to ask Phil for advice on searching S1.</p>	NW
8.	Nitrofurantoin complaint	
	<p>JC was asked to raise this issue from a patient complaint. This patient had been prescribed long-term nitrofurantoin for about 4 ½ years with apparently no review and had developed Autoimmune hepatitis. Although complaint with GP was going through procedure, they wanted JC to highlight and educate GPs of the issues. JC looked into this and found only 8 yellow card notifications and the American Journal cited only 3 cases. A higher risk of pulmonary issues has also been highlighted.</p> <p>JC to write article for Prescribing News on importance of medication reviews and more important safety and effectiveness of long-term antibiotic use. Also to re-highlight issues with eGFR and nitrofurantoin.</p>	JC
9.	Lisdexamfetamine	
	<p>JC thanked the group for their comments to this paper which will be collated and feedback to MKPAG. NF commented on how poor the application was and that it would be helpful if applications were reviewed to assess quality of information before submission (and not just copy and pasting information from drug company). Need further guidance on when it would be appropriate to use if added to formulary.</p>	JC
10.	MK PAG Update	
	<p>The last MKPAG meeting was held on 23rd July 2014. JC feedback to the group</p> <ul style="list-style-type: none"> • Microalbuminuria Policy – To be approved by Prescribing Group. This is currently on hold. See Matters Arising above (MA) • Denosumab – shared care policy still to be approved. • Linaclotide flow chart for IBS – See Matters Arising above (MA) • Tolcapone shared care – shared care policy still to be approved. • Apomorphine shared care – shared care policy still to be approved. <p>JC explained waiting for final sign off before amending Enhanced Service Contract.</p>	
11.	PGDs for MKUCS	
	<p>JC asked the group to note the list of PGDs which had been updated for use by MKUCS. Also to note PGDs issued by NHS England. The group were happy with</p>	

	<p>this. NW said she had had several queries from practice nurses re availability of these PGDs and although the Pharmacy team do have copies, it is important that practices are added to the Area Teams distribution list – to go in vaccine update in next Prescribing News. NS asked the group about inclusion of wider children’s age group in the Flu campaign. It was explained that there are several school pilot programs going on around the country.</p>	JC/NW
12.	Professional Issues/Any other business	
	No issues raised	
13.	Date of Next Meeting Wednesday 5th November 2014 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): Print Name:

Position: Date: