Milton Keynes Clinical Commissioning Group

MILTON KEYNES Clinical Commissioning Group
Prescribing Group

Janet Corbett (JC)	Head of Prescribing & Medicines Management, CCG		
Helen Chadwick (HC)	Clinical Director of Pharmacy, MKHFT		
Nikki Woodhall (NW)	Senior Medicines Management Technician, CCG	Bhervi Patel (BP)	Community Pharmacist
Nigel Fagan (NF)	GP, Red House Surgery	Geraldine Sharratt (GS)	Practice Pharmacist, Walnut Tree Surgery
Edward Sivills (ES)	GP, CMK Medical Centre	Nadia Shaw (NS)	Patient Representative
Neil Douse (ND)	GP, Stonedean Practice	CNWL Nurse Rep	Non-Medical Prescriber / Nurse Rep
Fatima Mohri (FM)	GP, Newport Pagnell Medical Centre		
c.c. Dupe Fagbenro (DF)	Formulary Pharmacist, MKHFT		

Minutes of the Prescribing Group Meeting held on
Wednesday 7th September 2016

	Present	**Action**
	Janet Corbett, Nigel Fagan, Helen Chadwick, Nikki Woodhall, Nadia Shaw, Lorraine Gardiner/CNWL, Edward Sivills, Bhervi Patel, Sharon Wilmore / Minutes, Fatima Mohri, Geraldine Sharratt, Ruth Thomas/guest	
1.	**Welcome, apologies and introductions**	
	• Apologies received from Dr Neil Douse. • The group introduced themselves to Lorraine Gardiner and Ruth Thomas.	
2.	**Acknowledgement of declaration of any other business**	
	None declared.	
3.	**Notes of previous meeting**	
	The minutes from 6th July 2016 were signed as an accurate record of the meeting by NF.	
4.	**Matters Arising from previous meeting**	
4.1	**Update on In house pharmacists and other team changes** JC explained that Ruth Hammond (Team Dietitian) has reduced her days for MKCCG. She has split her time between MKCCG (2 days) and the Luton and Dunstable Hospital (3 days). JC informed the group that she had put in a paper to the Financial Recovery Group to request to backfill this post. Unfortunately this request was turned down due to current cost pressures. JC confirmed that following on from disappointment of losing our backfill for the West neighbourhood pharmacist, we had managed to secure an experienced pharmacist from Nene for one day a week (Mondays). She will look after three of the West practices, two practices already have in house pharmacists and two have reluctantly accepted they will	

	not have neighbourhood pharmacist hands on support but can raise any queries directly with NW/JC. Two MMTs (Stephanie Deane and Sue Marshall) have started working with the team. Their role is to work with Care Homes, Community Pharmacies and practices and give support to patients in their own homes and have already received a couple of referrals. Jo Burgess (CNWL) has been emailed and is aware of this service and can also refer patients. The MMTs will be meeting with HC at the hospital to help with interface issues including picking up issues with patients discharged from hospital.	
4.2	**UTI Guidance** LG had sent JC an email following the last meeting. It was felt that care homes should be informing the HIT team before the GP and therefore the referral guidance was not needed as there were already good processes in place. The group agreed to continue with current process and therefore there was no need to progress this guidance.	
4.3	**Prescribing Incentive Scheme 2015/16 Achievement** Questions were raised regarding the general process but JC was pleased to report that this was approved by the CCG Board. Practices have been notified about confirmation of payments and are now sending in their requests to claim the funds.	
4.4	**Anticoagulation and Cardioversion – update** NF had previously raised an incident regarding an incomplete request from the hospital and feels the hospital should take control of the process. JC has written to Jonathan Ellis but has received no response to date. HC informed the group that Jonathan Ellis has now changed role and to redirect JC's original email to Ian Reckless as the new Medical Director.	**NF to progress**
5.	**Self-management of a flare up for COPD**	
	Ruth Thomas informed the group that the original guidance has not been updated for several years and a more clarified version was presented for discussion. This Step by Step guide was discussed and various suggestions made especially lose the words "agitation and fear". HC suggested making Reliever inhaler bold print to make it stand out more as the first treatment option in a flare up. FM suggested that patients didn't need a follow up after every flare up as suggested in step 4. The pros and cons were discussed and it was agreed the wording would be amended to "arrange a contact with…" instead of "follow up". NF said that it was a good document and NS agreed that it was important that patients were given this information.	**RT/NW**

	NW had sent out a small questionnaire to practices to get a feel for the current use of the Flare-Up packs. To date she had received mixed responses; it demonstrates that some Practices are not using the current template therefore making it harder to recall data easily using the Read Codes. Some practices have been putting the packs on repeat to make it easier for the patient to get replacements. This was discussed and agreed that these packs should not be put on repeat as they would be only replacing a used pack there should be no urgency to get script sorted. It was agreed that all doctors/nurses should be re-informed where the current template is located (an icon on S1) to make using it easier and standardised. JC mentioned that the CCG is currently not meeting the Quality Premium for Antibiotic use in primary care. Ruth will speak to Marianne Berry to make the template on S1 more visible and user friendly. Ruth has a PLT Respiratory meeting coming up and will take the opportunity to present the new template and then pass on to practices unable to attend.	**RT** **RT**
6.	**Vitamin D – Guidance**	
	The guidance has now been updated in line with recent Public Health guidance on the use of Vit D. Patients should be informed to buy products over the counter / via Healthy Start unless the patient is considered a high risk. A new strength of InVita D3 (50,000 units/ml) is now available and has been added to the Formulary and guidance to reflect this change.	
7.	**Cost Saving ideas for Commission Intentions**	
	The CCG has a current freeze on spending money and JC has been tasked to put together a paper highlighting potential further savings on various aspects of prescribing. This is work in progress and JC will need to have a number of meetings to help to finalise this. The items looked at so far include taking a firmer line on prescribing for self-care, further restrictions for Gluten Free foods, high cost drugs prescribed by hospital, items on PrescQIPP DROP list and travel vaccines not on the NHS (the data shows a significant variance across practices). Cost saving suggestions from the group were as follows: Dental products –the CCG could give a wider directive to give practices the power to say no to these prescriptions and details of where to refer patients to e.g. emergency dentists. JC will talk to Steve Gutteridge re current 111 advice re Dental emergencies and Mary Tagon for what dental support there is for Care Homes. JC asked the group to send any further cost saving ideas to her as soon as possible so that it can be looked at and added to the paper if appropriate.	**JC** **ALL**

	NF says that any suggestions need to be made simple for practices to achieve (with back up support e.g. Optimise messages) and would probably require Incentivisation to be successful. NS said she felt the waste issue was still a significant problem including pharmacies over ordering on behalf of patients. Janet said she may need to re-look at the managed repeats system.	
8.	**Specials**	
	The Fraud team had been in contact with JC and want to audit Specials on behalf of the CCG. This would be to investigate current use of Specials including NP8 (non-part 8 of the Drug tariff) products as there are some costs that are far in excess of the list prices. JC has written a Specials policy to clarify what the team are doing to review these medicines and will be challenging community pharmacies if the costs are excessive. The pharmaceutical advisors currently monitor Specials prescribing on a monthly basis and this data is sent to our Neighbourhood Pharmacies for review.	
9.	**Optimise Rx Update**	
	The contract for Optimise Rx is up for renewal in April 2017. The group were asked whether they would wish to continue with this system or look at alternatives. NW explained that other CCGs seem to be moving away from ScriptSwitch towards ORx and currently there were not too many other similar options. There is another monitoring tool "Eclipse" – this system is particularly good at picking up on patient safety issues but would require significant buy in from prescribers to review highlighted patients at risk. It also has a system to monitor formulary adherence but not sophisticated enough to have cost saving pop up messages at the point of prescribing. It was agreed that we should try to negotiate a further contract with Optimise but for two years instead of three as this system was evolving well and until there were other software options available to the market. HC mentioned that the hospital is about to enter scoping phase of Electronic prescribing and should go live in October 2017. This should help with formulary adherence and potential to improve outpatient advice notes to GPs.	
10.	**MKPAG Update**	
	• Ruth Hammond's ONS amendments were approved (mostly name changes to current products). • Approval was given to add Venlafaxine MR tablets and remove capsules. • Shared Care Guideline for Lithium & Antipsychotics is still not finalised and JC has been liaising with the Pharmacist from Mental Health team, CNWL. • Cardio – new NICE guidance for alirocumab (Praluent, Sanofi) and evolocumab (Repatha, Amgen) for adults with primary hypercholesterolaemia or mixed dyslipidaemia to help reduce their risk of cardiovascular disease. These were both	

	added to the formulary in line with guidance and will start as RED – hospital only. Patients will self-inject and receive through Home Care. Costs will be sent direct to CCG but GPs will not currently be asked to prescribe. It will be important to communicate if a patient starts to ensure the GP prescribing record reflects this. • Heart Failure – Entresto. Dr Kenny new cardiologist presented application which has been approved by NICE as a treatment option. She is keen to follow the European guidance which is clearer when to start (after optimising other treatments). Entresto was added to the formulary as RED to start with while the consultants assess its use and will feed back at September MKPAG meeting.	**JC**
11.	**Regional Medicines Optimisation Committees**	
	JC informed the group that there is a move to merge the various committees into 4 regions. Milton Keynes would be in Midlands and East of England region. Currently all areas have their own Medicines & Therapeutics (MKPAG) groups who review and assess new drugs. The idea would be for this to be done regionally to prevent waste of time and to move to joint working model to share good practice. There are some concerns of lack of local buy-in from clinicians if decisions made regionally. The groups are intended to be advisory but may challenge if guidance not followed. MKPAG will continue but to be aware of changes.	
12.	**To note new PGDS** 1. Chloramphenicol Eye Prep 2. Erythromycin (Penicillin allergy) 3. Flucloxacillin 4. Clarithromycin 5. Penicillin V 6. Dalteparin Injection 7. Hyoscine Butylbromide Tabs	
13.	**Any other business**	
	NW had met with the rep for Zero range emollients (which are on the Formulary) with a view to switching patients currently on Diprobase / Doublebase emollients. NW asked for views from the group about a switch as there had been some concerns about the products. Generally the switch was agreed in principle but may be difficult to get patients to agree to switch. It was suggested that the patients should have a letter recommending a switch with details that the ingredients in both products were virtually the same. NPs could help to educate practices with this issue. NW will discuss further with the Pharmacy team.	**NW**
14.	**Date of Next Meeting:** Wednesday 2nd November 2016 7.30am, Sherwood Place, Boardroom 1	

Minutes approved as an accurate record by:

(Signature): …… Print Name: ……..

Position: …….. Date: ……..