

**MILTON KEYNES Clinical Commissioning Group
Prescribing Group**

Janet Corbett (JC)
Helen Chadwick (HC)
Nikki Woodhall (NW)
Nigel Fagan (NF)
Edward Sivills (ES)
Fatima Mohri (FM)
Richard Simpson (RS)

Head of Prescribing & Medicines Management, CCG
Clinical Director of Pharmacy, MKUHFT
Senior Medicines Management Technician, CCG
GP, Red House Surgery
GP, CMK Medical Centre
GP, Newport Pagnell Medical Centre
GP, Parkside Medical Centre

Geena Kirpalani (GK)
Bhervi Patel (BP)
Nadia Emmony (NE)
CNWL Nurse Rep
Aarti Shah (AS)

Sharon Wilmore

GP, MKUCS
Community Pharmacist
Patient Representative/Healthwatch
Non-Medical Prescriber / Nurse Rep (rotate)
NHSE Pharmacist

Minutes, MKCCG

c.c. Dupe Fagbenro (DF)
Adam Staten (AS)

Formulary Pharmacist, MKUHFT
Federation GP (for information)

**Minutes of the Prescribing Group Meeting held on
Wednesday 5th September 2018**

	Present		Action
	<p>Janet Corbett Fatima Mohri Edward Sivills Nikki Woodhall Nadia Emmony Aarti Shah Nigel Fagan Richard Simpson Sharon Wilmore</p>		
1.	Welcome, apologies and introductions		
	Apologies received from Helen Chadwick, Geena Kirpalani, Bhervi Patel and CNWL.		
2.	Acknowledgement of declaration of any other business		
	None		
3.	Notes of previous meeting		
	The minutes from 4 th July 2018 were signed by NF as an accurate record of the meeting.		
4.	Matters Arising from previous meeting		
	<p><i>4.1 Edoxaban – implementation</i> This was discussed again at the last MKPAG meeting. There is still resistance from one of the consultants but he did agree to provide Edoxaban if the patient had creatinine clearance greater than 50 and then be redirected through the guidance. This was the only way to get movement on this issue. A PIL, GP template letter and a page for the Formulary have been prepared for approval. This draft material will be circulated for further comments, please note that the template letter is for practices to decide to use/adapt when implementing. It was agreed that the GP guidance and PIL would be a very helpful support resource for GPs.</p> <p>It has come to light that a lot of patients are on the wrong dose and it has been recommended that practices look at patients currently on NOACs who are not compliant with collecting items or not using up previous medicines and offer reassurance when reviewing these patients on the basis that it is easier for them to use, i.e. once a day.</p> <p>It was clarified this product could be used for DVT and it was suggested that this product should be included in the DVT Pathway.</p> <p>The Federation are to respond to this and it was suggested that perhaps this item could be included in the next PIS.</p>		

	<p>4.2 MKCCG pharmacy Advisers Team Posts</p> <p>Dietitian post has unfortunately not been filled and the Care Home Pharmacist who was to start on the 1st August had to withdraw owing to family circumstances.</p> <p>These roles will be put back onto NHS Jobs during Q3.</p>	
5.	<p>Eclipse RADAR update</p>	
	<p>The forms have been sent to all practices to sign up and agree to data extraction. Two dates have been earmarked for 45 minutes to an hour sessions (4 or 5 sessions each day) on the 25th and 26th September at CMK and Whaddon. Practices will be asked to sign up to a session.</p>	
6.	<p>MKCCG Rebate Schemes</p>	
	<p>It is about 5 years since the CCG starting using this scheme. It was originally low key but it has now mushroomed and now included in our QIPP plan which creates £250k of savings. The scheme applies to medicines already used within the CCG.</p> <p>The NHSE and CCG have created a new process and policy for this scheme in case we get challenged. The first thought process is to draft a supporting list of current items being used at the moment.</p>	
7.	<p>COPD Guidance update</p>	
	<p>This guidance was last updated in November 2017. There has been a delay in producing this because of issue of Triple Therapy. The Respiratory Project team have come across a lot of misdiagnosed patients i.e. one with inappropriate ICS use. This guidance will need to take the new NICE guidance into consideration.</p> <p>Approval for Triple Therapy will be sought at the next MKPAG meeting and will probably need to have specialist interventions to continue this review process.</p> <p>The new chart was considered very user friendly and will now be updated in line with the NICE guidance and include a new line "First line and other options can be used as on the formulary" and circulated for final comments.</p> <p>NW was thanked for producing this information which was considered a difficult task.</p>	
8.	<p>Optimise Rx message – self care Emollients</p>	
	<p>There has been national support of message around the self-care agenda and especially the use of Emollients. NHSE are grilling the CCGs on OTC and Low Value medicines and suggest GPs do not prescribe emollients.</p> <p>Comment made that the word <i>Emollient</i> be added to any text as this will help GPs bring up relevant patient data. It is possible to have messages in a muted form.</p>	

	<p>A recent survey show specific criteria patients popped up 80 times in a month as breakdown showed there were 10 for one practice. The group were surprised how low this figure was.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • A new pop up message “have you considered self-care?” • Cut and paste text option <p>This situation will be monitored by the Medicines Management Team.</p>	
9.	MKPAG Update	
	<p>There is new NHSE guidance regarding Low value medicines i.e. Lidocaine/Fentanyl. There are also pieces of work being carried out in conjunction with hospital colleagues.</p> <p>NW updated the PILs for the New Aerochamber Plus Flow –VU range which have been approved. These will be added to the Formulary.</p> <p>Dupe has finalised some guidance for GPs on Vitamin K for newborn babies.</p> <p>Psoriasis in Adults guidance approved and now on Formulary.</p> <p>Nutilis Clear – SALT want to change from starch to gum based thickeners. This was approved and added to the Formulary. SALT team to implement a robust plan for the new course of thickeners. JC will include an article for Prescribing News and there has been an MHSA alert regarding safe use of thickeners. <i>Work in progress.</i></p> <p>Cardiology re Ticagrelor being used in patients – currently reviewing the Hospital ASC guidelines and JC waiting for hospital to come up a new draft hospital guideline. <i>Work in progress.</i></p>	
10.	Ideas for Prescribing Incentive scheme 2019-20 and Commissioning Intentions	
	<p>Comments and ideas please to JC/NW.</p> <p>A reminder will be sent to the group a few weeks before the next meeting.</p>	
11.	To note new PGDs – see list below	
12.	Future Agenda items	
	None recorded.	
13.	Date of Next Meeting	
	<p>Wednesday 7th November 2018 7.30am Venue: Boardroom 1, Sherwood Place, Bletchley</p>	

Revised PGDs to note: see over

1. Chloramphenicol Eye Prep
2. Clarithromycin
3. Erythromycin (Penicillin allergy)
4. Flucloxacillin
5. Penicillin V

Minutes approved as an accurate record by:

(Signature): J. Corbett

Print Name: J. CORBETT

Position: Head of Prescribing
- Meds Management

Date: 7/11/18