

Meeting of the Formulary Working Group (FWG)
Held on Friday 12th September 2014, Boardroom 1, Anglesey House, Rugeley

		1/11/13	17/01/14	16/05/14	11/07/14	12/09/14	14/11/14
Samantha Buckingham (SJB)	Stafford & Surrounds CCG Pharmaceutical Adviser	✓	X	A	✓	A	
Mahesh Mistry (MM)	Head of medicines Management SES & SP CCG			✓	✓	✓	
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	A	✓	A	
Nadini Budree (NB)	Mid Staffs Hospital	✓	A	A	✓	✓	
Lesley Brown (LB)	Acting Chief Pharmacist Burton Hospitals NHS	✓	✓	✓	✓	✓	
Robert Weglicki (RW)	Practice Pharmacist representing East Staffs CCG	✓	✓	✓	✓	✓	
Sharuna Reddy (SR)	Pharmaceutical Adviser- CC CCG	A	✓	A	A	✓	
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	✓	✓	✓	✓	
Lesley Arnold (LA)	Medicines Support Officer- South Staffordshire CCGs	✓	A	✓	✓	✓	
Dr Anna Onabolu (DrAO)	GP Cannock CCG	✓	✓	A	X	✓	
Dr David Cook					✓	-	

Key: ✓ = Attended

A = Apologies

X = Not Attended

Minutes:

1. **Welcome and Apologies** Actions

2. **No conflicts of interest were noted.**

3. **Minutes from previous meeting 11th July 2014**
These were approved as a True Record
4. **Matters arising from Actions**
 - **Eye Clinic in Cannock** – SR confirmed that Cannock are not using Tafluprost
 - **Actikerell / Efudix Link** – Dr CP cannot find the link- item removed from actions.
 - **STOPP START Document** – MS explained that SB would like to include some of the Falls information used at East Staffs. Do we need to develop one for each CCG so that they can link in their own bits? MS asked if CCGs wanted the Hand Held copies or just the web version. MS
ACTION: Agreed to just have the Web Version
 - **Emollient Drugs** to go on Scriptswitch. MS said that we could have the Emollient Formulary added into the NetFormulary, also could do this with the Steroids. Emollient Guidelines sent to Gill Hall and Peter Prokopa for circulation to Community Pharmacists.
 - **Papers for ratification by APG** – these were circulated and asked for virtual approval. No feedback so agreed to approve. MS to send out an email to the group MS
 - **Atrial Fibrillation Guidance** – there was some comments on Aspirin but not relevant to this document.
 - **Wolverhampton D&C** – minutes to come to FWG to be summarised.
 - **UKMi Bariatric Guidance – Approved** MS
 - **Healthy Start Vitamins** – MS was not sure how we can distribute these as you need a Wholesale Licence. There seems a lot of enthusiasm to get these out but no mechanism in place to do this. MS to take to APG.
 - **Renovit to Dialivit – RW to confirm next meeting**
 - **Esmya** – LB emailed the Consultant but not had any response.
 - **Gluten Free Cards** – MS thought this may be a Qipp issue. DrAO thought that this will not save money as they already have restrictions in place on the amount prescribed, so was not sure how this will fit in with Qipp.

5. **Formulary Application for Alogliptin**
Neither of the applications was supported by attendance of the Author. RW

circulated the Patent expiry dates of Gliptins. Most expire within the 2022/23 mark but they can be challenged as early as 2017. MS had emailed Phil Coates and he was not in favour. In total based on Q1 and annual spend of £1.47 million on Gliptins across South Staffs.

ACTION : Agreed to approve Alogliptan as **GREEN** on NetFormulary but not the combination and to remove Sitagliptin. MS said the NICE guidance is currently being reviewed and will be out next Summer. MS said that this will be for new patients and not appropriate for switching patients. MS to respond to both clinicians. The decision tool was thought to be a good tool and to be used in making future decisions.

6. **Right to Decline form** – Designed by Birmingham Cross city and formally supported by Heft and UHB. LB asked for an exception to be added for Children’s Unlicensed Use as having a lot of problems at the moment. LB said there is a Dry powder form of Omeprazole if dose is less than 10mg, with a shelf life of 45 days once reconstituted. Pharmacists can get this although it is unlicensed.

ACTION: Agreed to adopt this form. MM to send the Word format version to the D&T Committees. Take to APG for approval. SR asked if we could ask for feedback on KPI’s. MS said that on the bottom of the form it did stipulate that a copy of this form goes to the Practice Pharmacist so you would be able to audit from the forms. Add to NetFormulary once approved by APG.

MM

LA

7. **Contenance Formulary** – Do we need a hand-held version? Agreed to just have the Web Version.

8. **NetFormulary** – MS demonstrated the NetFormulary that LA had been working on for the last 6 weeks. This included all the drugs currently on the Preferred Formulary and was inked to a server that would automatically add in any NICE Tags or guidance. Any locally guidance can be added including ESCAs and other guidance. This will enable us to generate Tags of non-formulary compliance drugs. Reports can be generated.

The front page had links to the BNF, Children’s BNF, the Grey List, Formulary Application form, APG Approved Documents and other useful links. MS showed how you can access other Organisations Formularies that use NetFormulary. The NetFormulary is web based and searchable. MM asked for the Mental Health ESCAs to be added onto the front page. LA to add the link to the Mental Health website. LA was thanked for her hard work.

LA

9. **Dropbox** – Due to the amount of paperwork that goes through FWG and APG it has been suggested to set up Dropbox, where the documents will be stored for both of the groups. It will mean that all individuals will need the software uploading on their computers. It will be set up centrally and then the various people invited to share and have access to the documents. Dropbox is

understood to be generally secure however as its level of security is not guaranteed it must be used as if all stored information were available in the public domain. Two folders will be created in Dropbox one for APG papers and one for FWG papers and used only to share documents for these two groups.

10. **Diabetes Pathway** – RW had received some comments from Dr Willis in line with NICE guidance, obviously we would favor a joint Diabetes pathway but there will be one for the East and one for the West. Phil Coates will be used in Stafford & Cannock and RW will implement this one for the East CCGs. RW

11. **Shared Care** – MS had sent out some templates and an ESCA on Methotrexate but had not received any feedback. An agreement process will need to be made with all involved Acute Trusts.
ACTION: Agreed to use these documents but the payment structure will be left to local agreements.

12. **Antiplatelet Guidelines** – Agreed by Heart & Stoke network. MM was a bit unsure about whether Clopidogrel patient cards are available. RW queried the bit about “Primary Prevention – Aspirin Individual Patient basis for some” and thought that GPs may ask what is the high and low risk of patients for this. LB said that they do not currently prescribe Aspirin for 14 days into secondary prevention. If a patient is discharged within 14 days they do not continue.
ACTION: LB and NB to find out if they can obtain Clopidogrel patient cards and if there are other cards available. Agreed to adopt as it is and then review once information is received about the cards. LB/NB

13. **Lipid Modification Guidance** – MM wanted to know if NICE are going to produce a brief as he had received a few queries about this from GPs. MS thought that GPs will welcome any guidance and need to highlight about joint decision making with the patients. MS is attending a meeting next week and once he has more information may consider taking through CPAG to see how it scores. MS

14. **Forward working Programme** – LA will be maintaining NetFormulary and creating some Tags to check Formulary Compliance. ESCAs – these all need reviewing. LA
MS
Once NetFormulary is published we need to start looking at each section and reviewing. MM suggested that PAN Birmingham is reviewing their sections one by one and would it be worth comparing with them.
Solafenacin needs to be looked at. MS asked members of the group to let LA know what sections they would like to look at. CNS may need to be broken down into sections for reviewing including the Mental Health section. SR to find out what the process is with the Mental Health Team in reviewing their formulary. SR

15. **Any Other Business:**

DrCP just highlighted that will big documents that are produced GPs may not read them properly as they like just quick guidance sheets.

SR had received some guidance on expiry dates which may be useful in Nursing Homes but will discuss at APG.

SR/MS

DrAO raised the question about the new Mirena coil – this is commissioned by Public Health. DrCP said that the evidence was not good for the new one. MS advised that GPs may not get paid for using the new one.

LB said that at the last Burton D&T meeting Ingenol Mebutate was approved as a **RED** Drug. MS said there was an article in the APG Newsletter asking GPs not to prescribe this. Bronomidine Gel was refused at the Burton D&T due to lack of evidence for Rosacea. MS to report this at APG. Stiripentol was also accepted as **RED** and also Tolvaptan was approved as **RED**.

LB said that they have a recently updated a separate Pediatric Antibiotic Policy and LB to send to LA.

LB

MS confirmed there will be a RiCCAd for Lipidprostone

MM said that PresQipt Guidance comes out and may be worth adopting for guidance but will need to be selective.

18. **Date and Time of Next Meeting:**

**Friday 14th November 2014 in the Boardroom, Anglesey House, Rugeley
WS15 1UZ**

**Agenda
Items to
Lesley by
Friday 31st
October
2014**