

Enclosure 1

**Meeting of the Formulary Working Group (FWG)
Held on Friday 18 September 2015, Board room 1, Edric House, Rugeley**

		17/01/2015	29/05/2015	31/07/2015	18/09/2015	22/01/2016
Susan Bamford (SB)	Head of Medicines Management East Staffs CCG	A	A	A	A	
Samantha Buckingham (SJB)	Pharmaceutical Adviser Stafford & Surrounds CCG	X	✓	✓	A	
Maresh Mistry (MM) Chair	Head of Primary Care and Medicines Optimisation SES & SP CCG	✓	✓	✓	✓	A
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	✓	X	
Nadini Budree (NB)	Pharmacist Mid Staffs Hospital	A	A	A	X	
Lisa Nook (LN)	Principal Pharmacist in Surgery Burton Hospitals NHS Foundation Trust	-	-	-	✓	
Robert Weglicki (RW)	Practice Pharmacist representing East Staffs CCG	✓	✓	✓	✓	
Sharuna Reddy (SR)	Pharmaceutical Adviser CC CCG	✓	A	A	✓	
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	A	A	✓	
Dr Anna Onabolu (DrAO)	GP Cannock CCG	✓	A	A	A	
Dr Mukesh Singh (DrMS)	GP Cannock CCG	-	✓	A	✓	
Sarah Orme (SO)	Diabetes Specialist Team Leader Hednesford Valley Health Centre	-	-	-	✓	
Mr George Delves (GD)	Consultant Urologist Burton Hospitals NHS Foundation Trust	-	-	-	✓	=
Mr James Paton (JP)	Microbiologist Burton Hospitals NHS Foundation Trust	-	-	-	✓	=
Lesley Arnold (LA)	Medicines Support Officer-South Staffordshire CCGs	A	✓	✓	✓	

Key: ✓ = Attended

A = Apologies

X = Not Attended

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Minutes:

- | 1. | Welcome and Apologies | Actions |
|----|--|---|
| | Apologies as per front sheet | |
| 2 | No conflicts of interest were noted. | |
| 3. | Minutes from previous meeting
These were approved as a True Record. | |
| 4 | Matters arising not on minutes
Hydrocortisone Enema – DrMS to chase Mr Matthews for a response regarding Prednisolone being 1 st Line.
ESCA's – RW reported that Sam Hardy will look at some agreed ESCA, RW to send LA the list. Sam Hardy is employed by Derbyshire CCG and her remit is to only review ESCA's that match with theirs.
Lumigan 0.03% Eye Drops – Lisa to speak to Lesley Brown and feedback at the next meeting.
Emerade – MM to put a paper together and to circulate to the group.
Epiduo Gel for Acne – Close
Colomycin ESCA – RW said that Sam had done the amendments and MM to review |
DrMS

RW

LN

MM

MM |
| 5. | Formulary Application for Hiprex 1g Tablet
Mr. Delves and Mr. Paton were welcomed to the meeting and a round of introductions was done.
Mr. Delves thanked the group for the invite and went into the details as to why they would like Hiprex on the Formulary.
Standard management of recurrent UTI's features exclusion of underlying pathology, then in most cases a period of prophylactic dose antibiotics for 4-6 months. In some cases this is not effective, with further recurrent infections. Methenamine hippurate is licensed for management in recurrent UTI's, acting as a urinary antiseptic rather than an antibiotic. Adding this agent to the formulary would provide an additional therapeutic option, and could also aid antibiotic stewardship. The cost is £19.74 per month, compared to nitrofurantoin £11 and trimethoprim at £2 per month.
Limited evidence available, though probably comparable if slightly inferior to antibiotic prophylaxis. This was reviewed in the Cochrane analysis.
Mr. Delves hoped this would save patients with UTI's going to their GP's. Mr Delves hoped that this treatment would continue for 4-6 months may offer relief from symptomatic UTIs with diminished risk of promoting antibiotic resistance. DrCP raised her concern about GPs prescribing UTI trimethoprim without a proven MSU. | |

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Action: Agreed to add to the Formulary as **AMBER1** DrGD said that he would draw up a Primary Care Guideline/Pathway and send to Lesley.

DrGD
LA

6 **Formulary Application for Insulin Glargine 300 units per ml**

SO said they are looking to use this as some patients are on 500 units daily and to give this in one injection will cause problems. Insulin Glargine 300u has demonstrated hypoglycemic events without compared to Lantus. Insulin Glargine 300u also lasts up to 36 hours and is effective whether taken in a morning or evening. SO was happy to go out to Pharmacists to talk about this insulin. Insulin Glargine 300u will primarily be used in patients already on >80 units of basal analogue insulin to reduce injection volume whilst allowing upward titration of doses. 3 x 1.5ml (£33.13 Toujeo Solostar) 2.5p cost per unit. To be predominantly used on Type II patients with the odd Type I patient.

Action: Agreed to add to the Formulary as **AMBER2** and MM to produce a RiCAD. MM said that we will need to keep tight control on this due to the other Insulins available. Need to add a statement on NetFormulary and RW to add to the Diabetes Guidelines. SO said that she was more than happy for patients on this insulin to come through the Diabetes Specialist team.

LA/MM

7. **Diabetes Guidelines** – RW is attempting to pull together a guideline for across South Staffs. RW had not had any adverse comments back and Phil Coates had also seen the guidelines and was happy with them. RW said that they were following the American Guidelines. Phil Coates was however bringing in Insulin into Dual Therapy and the GLP1 into Dual Therapy. RW need to confirm which insulin this would be. Phil was also concerned about using the cheapest GLP1 as this does not have NICE Guidance. RW now wants to incorporate ours with Phil's. DrMS asked if this would also be used in North Staffs? RW said not at the moment as we need to get this sorted first for South Staffs. SR raised that if we use anything that does not have NICE guidance then we need to have a good Governance paper that has been agreed at the Area Prescribing Group. The guidelines will give GPs three pathways to follow: NICE, Patients where Hypos are a problem or the Weight Gain pathway. More work to be done on this, RW was thanked for his work so far.

RW

8. **NetFormulary Task & Finish Group Queries**

RW said that the group is now going to lose one of the team due to getting a new job. RW said the three big chapters left to do are Chapter 5 as waiting for update to the Anti-Microbial Guidelines, Chapter 6 as awaiting for the Diabetes Guidance to be done and Chapter 7 for Bladder Drugs. Chapter 8 is very complex and then just the Nutritionals, Vitamin D etc. MM said that the group was to continue as Mary Johnson will pick Scriptswitch and to speak to Nikki about training someone to do Emis but possibly Lesley.

MM/NC

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9. **Colomycin ESCA** - LN to speak to Sam and feedback to RW. MM said that Sam needs to be more clear/specific on what is to be prescribed apart from Colomycin.
Action: LA to add to NetFormulary as **AMBER2** once the ESCA completed **LA**
10. **FWG Terms of Reference**
These have not been reviewed since May 2014. MM gave the following comments:
Purpose of the Group –
 - Need to state which CCGs and Trusts are involved.**Representation of the Group –**
 - Who is the Representative from UHNS or Mid Staffs (Peter Smith) SR to speak to Sam Buckingham to invite someone **SR**
 - Do we need to invite a Representative from SSOTP?**Frequency of the Group and Quoracy –**
 - 2 Advisers, 1 Trust member and 1 GP
11. **Thickeners for Patients with Swallowing Difficulties**
RW said that Gill Rudge was doing the reviews and had found that the Nursing Homes were not thickening patient's drinks and patient ending up in hospital. RW said that there is nothing currently locally to advise on thickeners and there are no choices the formulary. LN said that if drinks are left for any length of time they stop working and no longer thick, they have now switched to Neutralist as this lasts longer but is unaware how much this would be in Primary Care. RW said Thick and Easy is the most commonly prescribed thickener in primary care, but this does not hold the thickness in the drink. Dietitians at BHFT are now recommending Nutilis.

Action: MM said that this will need to be looked into. SR said that the NEWT guidelines recommend that Drugs are crushed. RW to take this back to Richard who is currently working on this and the appropriate use of drugs. **RW**
12. **Any other Business:**
Oral Nutritional Support
The document does not give the whole title and is referred to as ONS through the two documents. The guidelines make sense. There is work to be done on the drugs availability before finalized. MM said that some of the companies were offering free samples to Nursing Homes. LA to send out to the group for comments back by end of September to Lesley Arnold. **LA**
Vitamin D Guidelines
RW stated that the guidance is advising all patients aged 65 and over: 400IU/day (Colecalciferol 400IU and calcium 1.5g per dose: Adcal-D3

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chewable tabs or caplets. RW said that the cost for this was massive and increasing. RW had found the Joint CMO guidance and they Recommend – people aged 65 years and over and people who are not exposed to much sun should also take a daily supplement containing 10 micrograms of vitamin D.

Action: Agreed to change the statement on page one of current guidelines to the CMO statement.

LA

Dronedarone (Multaq▼): Cardiovascular, hepatic and pulmonary adverse events – new restrictions and monitoring requirements

RW said that there are one or two patients on this and Derby and Leicester have this drug as RED and we have it at the moment as AMBER2.

Action: Agreed to change to RED.

LA

SR asked for views on the Dementia Services. Stafford and Cannock CCG have commissioned the Foundation Trust to use GP First to do the Dementia tests then refer back to Primary Care. SR had a query that when the Consultant has seen the patients they will then be sent back to their GP for prescribing the drugs but quite a lot of GPs are sending the patients back and saying that this is a change to the current pathway. SR asked the group if they have any ideas on how to manage this? SR said there are no ESCAs or monitoring requirements attached. RW said that SSOTP have ESCAs for this. This is a commissioning exercise and SR will do a Risk Assessment.

SR

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

**Friday 20 November 2015 in Boardroom 2, Anglesey House, Rugeley
WS15 1UZ Time : 1pm – 3pm CANCELLED**