

Enclosure 1

Meeting of the Formulary Working Group (FWG) Held on Friday 15th July 2016, Board room 1, Anglesey House, Rugeley

		31/07/2015	18/09/2015	22/01/2016	20/05/2016	15/07/2016
Samantha Buckingham (SJB)	Pharmaceutical Adviser Stafford & Surrounds CCG	✓	A	✓	✓	✓
Mahesh Mistry (MM) Chair	Head Medicines Optimisation SES & SP CCG	✓	✓	A	A	✓
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	A	✓		✓
Lisa Nock (LN)	Principal Pharmacist in Surgery Burton Hospitals NHS Foundation Trust	-	✓	✓	✓	A
Sarah Duckworth (SD)	Senior Pharmacist Burton Hospitals NHS Foundation Trust	-	-	-	-	✓
Sharuna Reddy (SR)	Pharmaceutical Adviser CC CCG	A	✓	✓	A	A
Susan Bamford (SB)	Head of Medicines Optimisation NICE Medicines and Prescribing Associate East Staffordshire CCG	A	✓	✓	✓ (Phoned in to the meeting)	A
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	A	✓	✓	A	A
Dr Anna Onabolu (DrAO)	GP Cannock CCG	A	A	X	A	A
Dr Mukesh Singh (DrMS)	GP Cannock CCG	A	✓	A	✓	A
Lesley Arnold (LA)	Medicines Support Officer- South Staffordshire CCGs	✓	✓	✓	✓	✓
In Attendance						
Sarah Orme (SO)	Diabetes Specialist Team Leader Hednesford Valley Health Centre	-	✓	X	✓	
Dr David Cook	Consultant Urologist Burton Hospitals NHS Foundation Trust	-	-	-	✓	
Helen Edwards	Diabetes Specialist Nurse in Tamworth.				✓	
Richard Thorpe	Medicines Optimisation Support Pharmacist East Staffordshire CCG					✓

Key: ✓ = Attended
A = Apologies

X = Not Attended

Enclosure 1

Minutes:

1.	Welcome and Apologies	Actions
	Apologies as per front sheet.	
2	No conflicts of interest were noted. None reported.	
3.	Minutes from previous meeting September 2015 These were approved as a True Record once the following amendments are made: <ul style="list-style-type: none"> • Point 4 (p2) Add Sam Hardy's full name. • Point 9 (p4) Change Neurologists to Urologist's. 	
4	<u>Action List</u>	
	Colomycin ESCA – Was presented at APG meeting on 30 th June 2016 and MM to speak to Sam Hardy (SH) about the feedback from the group.	MM/SH
	Risk Assessment for Dementia Services and Atomoxetine Prescribing for Children to be carried forward to the next meeting	SR
	Once Daily Tadalafil – SJB reported that this was going to be taken out of the Drop List and Birmingham has removed this from their formulary. FWG to pick this up later in the year.	SJB
	Midodrine – SD reported that this did not go through their last D&T meeting, but will speak to Lisa Nock.	SD
	Trulicity (dulaglutide) 0.75mg and 1.5mg solution for injection in a pre-filled pen – SJB and Sarah Orme to produce a RiCAD for this.	SJB/SO
	Beclometasone & Formoterol (Fostair 200/6 pMDI and NEXThaler) – MM to do the minor update changes on the COPD/Asthma guidelines as per Action list and LA to add a review of both guidelines to the Agenda for APG in October 2016. LA to do a search on Flutiform across all South Staffs CCGs.	MM LA
	Mirabegron – Issue is that Dr Delves thinks it should be GREEN rather than AMBER1 but some GPs felt that this would not be started in Primary Care. Agreed to leave at AMBER1 for specialist initiation and then to be continued within Primary Care – statement to be added regarding hypertension on NetFormulary. MM to put a paper together after speaking to Consultants regarding a pathway and take to APG. Needs to be 3 rd line drug on NetFormulary.	MM LA
	Sacubitril Valsartan – Heart Failure Medication – This is currently RED at UHNM. SD to find out what is happening at Burton Hospital. MM to produce a RiCAD with input from Secondary Care (MM to get the PAN Birmingham RiCAD to adopt) due to lots of side effects and strict criteria for starting this drug.	SD MM

Enclosure 1

Support guidance to be sent out to GPs around prescribing. MM to take to APG.

Alendronic Acid – This has been to Burton D&T and was approved at this meeting. RT to send LA a copy of the Application to discuss at APG.

RT

Dry Eye Preparations – Burton Hospital has done a Cost Improvement Plan and will be discussed later on the Agenda.

Ondansetron – waiting for feedback from and then to discuss with APG members

5. **Drug and Therapeutics Application Policy**

MM said this policy came to DTC a few months ago but was not sure if it had ever been approved. SD said that this had been approved at Burton Hospital. SB had asked for the flowchart to be reviewed. SD to feedback that the box at the bottom – Area Prescribing Group box should be extended across the page so that All D&T Approvals come through this group then followed for ratification. In the box “Drug Available to Patient and Joint Formulary Update” to have **Hospital initiation only added**. SD to look at the list of Non-Formulary Drugs that are being used at Burton Hospital.

SD

SD

Suggestion to add Black Drugs onto NetFormulary which would be Hospital Initiation Drugs only and not use in Primary Care.

6. **Formulary Working Group Feedback – Business Cycle**

MM had sent out an email asking for feedback on the FWG work plan and outstanding work for this group:

- Update of Diabetes Guideline to be developed
- Homely Remedies Policy in Care/Nursing Homes
- Bulk Prescribing policy in Care/Nursing Homes
- Updated NOAC Prescribing Guidelines
- Dry Eye Guidelines – Joint with Burton Hospital
- Update of Asthma / COPD Guidelines (October/November)
- Review of Opioids Guidelines
- Review of Management of Neuropathic Pain – Include management of fibromyalgia pain and other pain syndromes for GPs.

Comments back were that the NetFormulary needs a lot of work doing to make sure it is correct and suggests FWG go through this section by section. ESCA’s needed for AMBER2 Drugs. Could a tab be added to the Dashboard on NetFormulary to Patient Information leaflets.

Tidy up the Antimicrobial section to be consistent with the new guidelines that is being looked at.

There was a bit of discussion around the updating of PGDs, review is 2017. NHS England produce the national PGDs and CCGs produce the ones that are not done nationally but are required within Primary Care.

Action: SJB asked for the NetFormulary resources page to be made more interesting with icons/graphics to make more user friendly rather than just a list. LA to have a look at this. JC suggested looking at Prescribing in the Elderly around Care Homes and reviewing the Stop/Start document to engage more with Clinicians.

LA

Agreed to go through each Chapter of the NetFormulary at FWG and to invite a Specialist in the area being discussed. MM agreed to put together a plan and

Enclosure 1

circulate.

MM

7. Formulary Working Group Task & Finish Queries

1. Desloratadine currently GREEN but has limited clinical evidence to say any different to loratadine but significantly more expensive – **FWG agreed to remove.**
2. Should Fexofenadine be on the Formulary and should Hydroxyzine be removed due to MHRA guidelines – with relation to QT interval prolongation, also in NICE clinical knowledge summaries hydroxyzine not mentioned but fexofenadine is recommended. Cost wise fexofenadine would be more expensive if hydroxyzine taken once a day but if multiple doses taken (allows three to four doses per day in BNF) similar pricing. **FWG agreed Fexofenadine to stay on the Formulary as used in Primary Care but a statement emphasizing that this is 3rd line.**
3. When was Jext added to the Formulary – **FWG confirmed this was added when there was a shortage problem of the EpiPen.**
4. Should Zerobase be changed to Epimax Cream as now significantly cheaper than the zerobase, is exactly same lipid formulation as Diprobace but without the SLS – **FWG agreed to leave as would just mean another swap and cream fluctuate a lot in cost.**
5. Ciclosporin/MTX is an AMBER2 Drug with no ESCA – **Need to produce and ESCA.**
6. Why is Fluorouracil (Efudix) AMBER1 when Actikerall (Fluorouracil and Salicylic Acid) is RED Restricted and all other creams including Imiquimod for basal cell carcinoma treatment are RED. Actikerall should be added to formulary as safer in concentration than Efudix and would potentially stop the use of Picato – **FWG will review this when they look at the Skin Section.**
7. Why are there no Chlorhexidine skin preparations/scrubs on the Formulary when antibiotic policy states the use of chlorhexidine scrub for MRSA decolonization – **To be reviewed in line with the Antibiotic Guidelines and add statement that it should be provided by the provider.**
8. Should Dosulepin be removed due to MHRA guidelines – **FWG agreed to leave with a statement saying not for new patients.**

LA to make changes if ratified at the next APG meeting in August

All the above needs to be ratified at the APG meeting in August before changes are made on NetFormulary.

There was some discussion around Amiodarone being changed by the Task and Finish group from GREEN to AMBER1 and complaints from GPs about this change. There was a lot of discussion around this and that GPs do not normally initiate Amiodarone in patients but that patients may not always be cared for in Secondary Care and a ESCA would be needed. Derby and Wolverhampton have this as GREEN, UHNM do not have an ESCA from North staffs. SJB to speak to Cardiologists at UHNM

SJB

7. Task & Finish Group

Due to a few issues raised by the Task & Finish group change the classification of Drugs without getting agreement from the FWG/APG it was discussed whether this group should continue. Currently the group consists of two Practice Pharmacists, and Lesley Arnold. The FWG agreed that this group should continue to raise any queries with FWG.

Action: Task & Finish Group to look at one section each month and then the

Enclosure 1

FWG will discuss the queries that the Task & Finish group has. These will then be discussed at FWG for ratification. Suggestion that someone from Burton Hospital or East Staffs CCG attends the Task & Finish group. Task & Finish Group to discuss Eyes and Endocrine Sections. LA to send the dates of these meetings to SD.

LA

8. JC had a request for some sticky wipes for a patient that has an Insulin pump and these were not on the Formulary. Suggestion to use Friars Balsam to make it sticky for the dressing to stick better.

9. **Nursing Home Policies**

- **Care homes - Homely Remedies Policy**

(Members of the staff of a care home have a recognised duty of care to be able to respond to minor symptoms experienced by residents. A homely remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, coughs, mild to moderate pain and constipation. They can be obtained without a prescription and are usually purchased by the care home or sometimes by the resident.)

- **Policy for Medicines Prescribed for 'when required' (PRN)** (Use 'When Required' (PRN) medication is that which is prescribed for the resident to be used on an occasional or irregular basis. It is often prescribed to treat short term or intermittent medical conditions, sometimes the dose being administered may also vary, e.g. 1 or 2 tablets every 4 to 6 hours.)

- **Medicines Administration Record (MAR) Charts**

(A MAR chart is the record that shows drugs have been administered to a patient. The carer signs each time a drug or device is administered to a patient.)

Iain Thomson (Practice Pharmacist) had produced these and there was a lot of discussion in that Care Homes will find these very helpful but feel that some may think that we are telling them what to do. They had been produced to show Good Practice and felt that they would be useful when they do the Care Home LSI's. The group felt that these were very well put together, some felt that the MARs sheet may be a bit onerous and the other papers will mean more work for GPs. RT said that he could take the papers to the Staffordshire County Council where they have the Care Home Managers meeting twice a year and thought the next one will be November 2016.

10. **Donase Alpha** – there is a patient that does not have cystic fibrosis but requires a mucolytic inhalation. This was AMBER1 but the Task & Finish Group changed this to RED. Does this need to be reviewed within the CPAG members. Suggestion that the Hospital Pharmacy may be able to supply via Homecare, MM is waiting for Angelina to get back to him.

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

Friday 30th September 2016 in Boardroom 2, Anglesey House, Rugeley WS15 1UZ Time : 1pm – 3pm

**PAPERS TO BE
FORWARDED
BY 16th
September
2016**