

# Notes of the Formulary Management Group

Held on	Tuesday 3 <sup>rd</sup> September 2019			12:30pm (2:30pm finish) at Jubilee House, Board Room	
Members	Attended	Apologies	Absent	Designation	Abbreviation
	√			Head of Medicines Management	(C)
	√			Prescribing Adviser	(PA)
	√			Prescribing Adviser	(PA2)
		√		WHT Lead Formulary Pharmacist	(WHT FP)
	√			GP Lead for Medicines Management	(GP)
	√			Primary Care Pharmacist	(PCP)
			√	Clinical Nurse Specialist	(CNS)
			√	Nurse Non-Medical Prescriber	(NNMP)
	√			DWMHCP Chief Pharmacist	(DWMHCP)
		√		Patient Representative	(PR)
			√	LMC Representative	(LMC)
			√	Quality & Safety Officer	(QSO)
	√			Commissioning Administrator/Minute Taker	(CA)
	√			Walsall Hospital Pharmacist	(WHP)
	√			Respiratory Consultant	(RC)
	√			Dermatology Consultant	(DC)

	Agenda item	Action
1.	<p><b><u>Welcome and Apologies (Declarations of AOB)</u></b></p> <p>Apologies from FP and PR. However, WHP represented WHT FP during the FMG meeting. C welcomed everyone to the meeting and advised we were quorate.</p>	
2.	<p><b><u>Minutes of the Last Meeting</u></b></p> <p>Accepted – No amendments.</p>	
3.	<p><b><u>Matters Arising/Actions Sheet</u></b></p> <ul style="list-style-type: none"> <li>• Ciclosporin – Pending – C is working with commissioning manager to initiate an ESCA for this.</li> <li>• Acticoat flex 3 Application - pending – 6-month evaluation required</li> <li>• Semglee Application – Pending 6-month evaluation required. GP with interest in Diabetes to attend October FMG.</li> <li>• Freestyle Libre Application – WMHP to speak to FP as Blueteq forms are not being received.</li> <li>• Trust Formulary Update – Self Care and OTC. WHP to speak to FP and ask for this information to be sent to C.</li> <li>• Any Other Business – Clinical Guidelines – PCP will send out links. GP to send e-mail to Dr Hughes. Net formulary to be discussed at PLT in October – PA2 to chase up email from Louise to confirm if presenting at the next PLT.</li> </ul>	
4.	<p><b><u>Declarations of Interest (DOI) – Check Compliance</u></b></p> <p><b>Action: CA to send DOI form to WHP for completion.</b></p>	
5.	<p><b><u>Non NICE TA Drug/devices - Full Applications</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	

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6.	<p><b><u>Trust Formulary Updates - Hospital only applications.</u></b> For information only.</p> <ul style="list-style-type: none"> <li>• MMG Minutes April 19</li> <li>• MMG Minutes May 19</li> <li>• MMG Minutes June 19</li> </ul> <p>Discussed for information to the committee.</p>
7.	<p><b><u>NICE Technology Appraisal</u></b></p> <p>This was not discussed during the meeting.  <b>Action: WHP to chase FP to provide this at the FMG meetings.</b></p>
8.	<p><b><u>Pathway/Guidelines</u></b></p> <p><u>COPD Guidelines (RC)</u> – previous guidelines have been updated. To be put on to NET formulary. It is also the plan to cascade these to GP’s. The guidelines were developed with STP to update the inhaler guidelines options–this has been done in collaboration with the STP. RC advised that clinical criteria was the main focus, patient choice and cost effectiveness were also given consideration. It was advised patients should not be started on triple therapy, unless they fit the criteria. A 6-week review should be completed for anyone changed to a different inhaler. PA2 advised changes to guideline were indicated in red. No inhalers have been removed from Formulary. If patients are stable on their current inhalers, these are to continue. The first line options for inhaler treatment have been streamlined. The inhaler poster guidance reflects this for new patients. Inhalers that have been added are the triple therapy inhalers, Spiolto respimat and salbutamol easyhaler. These are already on formulary, however are now included in the guidance.</p> <p>There is a generic referral form for COPD, which GP’s should be encouraged to use.  <b>Action: C and PA2 to distribute an email to GP practices to advise when referring, they must complete the COPD referral form - attaching the form for their information and including the link for the referral form.</b></p> <p><b>Action: WHP to look into where pharmacological information regarding inspiratory rate for new inhalers can be found and report back to PA2.</b></p> <p>PA2 advised this is going to be added to Net Formulary and sent out to GP’s. Interactive guidelines do not work on the new Net Formulary site, so are being changed to a Word version.  <b>Action: PA2 to send word version of the guidelines to Dr Nadeem once completed.</b></p> <p><b>Action: To be added to Net Formulary and cascaded to GP’s.</b></p> <p>The FMG was happy to accept this and put forward to JMMC.  <b>Action: Add to JMMC agenda for ratification.</b></p> <p>GP asked if the referral form could be added to the EMIS system so that this is easily accessible for GP’s to use. A discussion was had around asking IT to look into this.  <b>Action: GP to Look at whether getting the referral form to EMIS would be a possibility.</b></p> <p><u>Emollients (PA/DC)</u> – The aim is to produce the most cost effective options and reduce the quantity of emollients available. They have been divided into different groups, based on the properties of what the emollients need to be. DC went through the different categories to give a brief overview to the committee.</p> <p>A discussion was had as to whether this would impact the self-care agenda campaign. It was advised for short term issues; GP’s should be advising patients to the self-care agenda. Dermatology will only be seeing long term patients with a chronic condition.  <b>Action: PA to change the colours in guidance, so they are not confused with the Formulary status colours.</b></p>

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Email received from WHT FP stating the following have been taken into consideration when deciding formulary choices:

- All potential manufacturers for different types of creams, ointments and emollients and washes.
- All products available for use.
- Product availability from different suppliers.
- Country of manufacture for each product, and whether they are UK based (risk assessed for Brexit).
- Price comparisons with each product.
- Using the best product, in the right place, at the right time.
- Keeping consistent with usage in primary and secondary care.
- Also taking into the account the STP current formulary.

**Action: PA to add a short sentence to advise of the short term and chronic use, in relation to the self-care agenda.**

**Action: PA to amend wording, so GP's can distinguish whom this should be offered to – "Secondary care initiation and/or moderate to severe chronic dermatosis".**

**Action: PA to amend the Calmurid Cream wording – "Restrict to Paraffin allergic patients".**  
The FMG were happy to accept this and recommend to JMMC.

**Action: Take to JMMC for ratification.**

**Action: PA to add additional information about storage and fire safety – "smoking or a naked flame could cause patients, dressings or clothing to catch fire, when being treated with paraffin based emollients, that is in contact with a dressing or clothing".**

RMOC Liothyronine – RMOC have reviewed this and brought out in June. PA2 did the original ESCA. Liothyronine prescribing, for appropriate patients should be undertaken by a consultant.

**Action: PA2 to look at current ESCA from RMOC and make any changes necessary.** Bring back to next FMG

Items not routinely to be prescribed part 2 formulary/non formulary decision – Part two has been released by NHSE. C wished to discuss the formulary status of all the items within the guidance, asking the committee if they would like to make this Formulary (amber). Any information that is being issued nationally, we need to keep the same message for GP's and patients.

**Action: Link the guidance to the medication, on Net Formulary. Tag to a colour (amber) to advise prescribers that this is restricted. PA2 to liaise with CCG lead pharmacist to complete this.**

**Action: Part 1 and Part 2 – add to the amber guidelines (only if this does not fit the NHS criteria). PA2 to liaise with CCG lead pharmacist to complete this.**

Stoma guidelines – To be brought back once more information is received in relation to the Stoma Guidelines.

PHE Guidelines – To be brought back to October's FMG meeting.

Hypertension Pathway – To be brought back to October's FMG meeting.

**Action: C to send guidelines to Cardiologist, asking him to attend October's FMG to discuss the pathway.**

CVD Pathway - To be brought back to October's FMG meeting.

**Action: C to send guidelines to Cardiologist, asking him to attend October's FMG to discuss the pathway.**

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9.	<p><b><u>Drug Safety Update</u></b></p> <p>Links available on the agenda.</p>	
10.	<p><b><u>Regional Medicines Optimisation Committee</u></b></p> <p>C asked the committee to read the information in the links provided on the agenda.</p>	
11.	<p><b><u>Horizon Scanning</u></b></p> <p>This was not discussed during the meeting.</p>	
12.	<p><b><u>Appeals</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
13.	<p><b><u>Formulary Breach</u></b></p> <ul style="list-style-type: none"> <li>• Victoza</li> <li>• OPMRL</li> <li>• Afex urinal system</li> </ul> <p>C advised WHMP of these breaches. Asked if these could be taken back to the Trust.</p>	
14.	<p><b><u>Recommendations to JMMC</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
15.	<p><b><u>Any other business</u></b></p> <p>C asked the committee to read the KINES updates provided.</p> <p>GP queried that there was no prescribing guidance for Perinatal Mental Health. A consultant from a neighbouring trust would like to ask if the Medicines Management Team would assist with putting guidance together. C advised that although this is an important area, there are competing priorities. The team could not to commit to support it yet.</p>	
16.	<p>These minutes are a true representation of the Group's proceeding</p> <p>Signed: _____ Chair _____ Date _____</p>	

These minutes will be redacted to remove names/initials before publication

## Future Meeting Dates

2019							
Formulary Management Group Future Meeting Schedule							
12:30pm Start (Finish 2:30pm)							
Date	Month	Year	Venue	Date	Month	Year	Venue
8 <sup>th</sup>	January	2019	Board Room	2 <sup>nd</sup>	July	2019	Board Room
5 <sup>th</sup>	February	2019	Room 3	6 <sup>th</sup>	August	2019	Board Room
5 <sup>th</sup>	March	2019	POD	3 <sup>rd</sup>	September	2019	Board Room
2 <sup>nd</sup>	April	2019	Board Room	1 <sup>st</sup>	October	2019	Board Room
7 <sup>th</sup>	May	2019	Board Room	5 <sup>th</sup>	November	2019	Board Room
4 <sup>th</sup>	June	2019	Board Room	3 <sup>rd</sup>	December	2019	Board Room