

Notes of the Formulary Management Group

Held on	Tuesday 6 th August 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)
			√	Lead Formulary Pharmacist	(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)
	√			GP Clinical Executive	GPE
	√			Colorectal CNS	COCONS
	√			Colorectal CNS	COCONS
	√			Chemotherapy CNS	CHCNS
	√			Tissue Viability nurse	TVN

	Agenda item	Action
1.	<p><u>Welcome and Apologies (Declarations of AOB)</u></p> <p>Apologies from QSO and FP C welcomed everyone to the meeting, advising that this was not quorate. Decisions will need to go to JMMC. For future meetings confirmation of attendance will be sought 1 week before.</p>	
2.	<p><u>Minutes of the Last Meeting</u></p> <p>Accepted – No amendments.</p>	
3.	<p><u>Matters Arising/Actions Sheet</u></p> <ul style="list-style-type: none"> • Ciclosporin – Pending - Waiting for Commissioner to come back, may need a shared care – Include in the near patient testing. • RMOC STOMP – Resources – Closed off • Acticoat flex 3 Application - pending – 6-month evaluation required • Prescribing Monitoring – close off • Semglee Application – Pending 6-month evaluation required • Freestyle Libre Application – Blueteq form data to be sent - Pending • Trust Formulary Updates - Pending • Pathway Guidelines – Respiratory COPD guidelines - Pending • Pathway Guidelines – Palliative Guidelines – Will upload to net formulary- Closed off • Pathway Guidelines – Summary Coversheet – Need to be more clear on front sheet – Closed off • Any Other Business – Clinical Guidelines – PCP will send out links. GP to send e-mail to Gastroenterology Consultant. Net formulary to be discussed at PLT in October – Pending. 	
4.	<p><u>Declarations of Interest (DOI) – Check Compliance</u></p>	

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	PR completed a DOI.	
5.	<p><u>Non NICE TA Drug/devices - Full Applications</u></p> <p>New licensed Formulary applications</p>	
6.	<p><u>Trust Formulary Updates - Hospital only applications. For information only.</u></p> <ul style="list-style-type: none"> • MMG Minutes April 19 • MMG minutes May 19 <p>To be brought back in September as there was no representation from Trust.</p>	
7.	<p><u>NICE Technology Appraisal</u></p> <p>Pending - FP</p>	
8.	<p><u>Pathway/Guidelines</u></p> <p><u>Items not routinely to be prescribed part 2 formulary/ non formulary decision- C</u></p> <p>Will bring back in September 2019.</p> <p><u>Wound care ancillary product list-TVN</u></p> <p>The ancillary list contains basic changes (dressing pads, tapes, pads etc.) for cost effective options. The list will be updated as and when in conjunction with the Wound care management group to highlight what products should be on the list as opposed to coming through FMG. Changes will be made twice a year. TVN will bring the list back every 6 months for updates. The changes will need to be updated on Optimize Rx– The ancillary list will be available on Net Formulary within wound care.</p> <p>Recommendation: for JMMC to accept August 2019 update of the wound care ancillary list. Action: for the Wound Care Ancillary List to be brought back February 2020.</p> <p><u>Near Patient Testing Specification – CHCN and GPE / Rheumatology</u></p> <p>GPs do not always receive a shared care agreement. New Rheumatology ESCAs will need to be issued for each patient. Changes to be made within ESCAs; Brand prescribing information and give information regarding disposal of the yellow sharps box which is to include the number to call. Waiting for final confirmation from FP for the Rheumatology ESCA's, which will then go to JMMC as a positive recommendation if approved.</p> <p>CHCNS will arrange to change any e-mail addresses on the ESCA's to include nhs.net email and to resend the amended ESCA's to all patients once approved.</p> <p>Action: Rheumatology to send revised ESCA's to be submitted to JMMC. Action: for Ciclosporin ESCA to be developed- GPE Action: PA to arrange a meeting with CHCNS to discuss Blueteq forms. Action: Rheumatology team to send out revised ESCAs for patients.</p> <p><u>Stoma Prescribing Guidelines</u></p>	

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	<p>Joint Stoma Prescribing Guidelines – cost and effectiveness of the stoma product accessories have been evaluated. Accessories will be reviewed on a yearly basis. Patients can request accessories through private companies which will then become an addition to their prescription, this needs to be monitored. The nurses also discussed the possibility that anticoagulants do not get absorbed until they reach the large bowel, so if the patient has an ileostomy their mode of action will be impacted.</p> <p>Action: C will do a search into which patients have DOAC and ileostomy pouch.</p> <p>The discharge pathway includes a 14-day supply which is considered to be too short. It was recommended this is to be changed to 28 days as per Trust Contract. C happy to agree to the pathway provided a discussion has taken place and the amount of days supplied is changed to 28 days' supply. The nurses agreed to take this back to the Hospital to question/discuss and feedback, this can then be taken to the next FMG.</p> <p>POST MEETING CLARIFICATION: There is no specified supply amount in relation to appliances in the contract with Walsall Healthcare Trust and therefore according to best practice, 14-day supply is appropriate to reduce the risk of waste.</p> <p><u>Hypertension Pathway</u></p> <p>To be bought back in September</p> <p><u>CVD Pathway</u></p> <p>To be bought back in September</p>	
9.	<p><u>Drug Safety Update</u></p> <p>Links available on the agenda.</p>	
10.	<p><u>Regional Medicines Optimisation Committee</u></p>	
11.	<p><u>Horizon Scanning</u></p> <p>This was not discussed during the meeting.</p>	
12.	<p><u>Appeals</u></p> <ul style="list-style-type: none"> • None 	
13.	<p><u>Formulary Breach</u></p> <ul style="list-style-type: none"> • Victoza • OPMRL <p>C to pick up separately.</p>	
14.	<p><u>Recommendations to JMMC</u></p> <ul style="list-style-type: none"> • None 	
15.	<p><u>Any other business</u></p> <ul style="list-style-type: none"> • Rifaximin formulary status - C/ PA2 - Not on database if decision was made. Hospital only to prescribe. 	

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	<ul style="list-style-type: none"> Ceftriaxone formulary status- C – secondary care advice received – Hospital only to prescribe. Vitamin B12 guidelines progress- C – C to follow up for support from secondary care. Naloxegol formulary status - C/PA2 - Bring back in September. 	
16.	These minutes are a true representation of the Group’s proceeding	
	Signed: Chair Date	

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 th	January	2019	Board Room		2 nd	July	2019	Board Room
5 th	February	2019	Room 3		6 th	August	2019	Board Room
5 th	March	2019	POD		3 rd	September	2019	Board Room
2 nd	April	2019	Board Room		1 st	October	2019	Board Room
7 th	May	2019	Board Room		5 th	November	2019	Board Room
4 th	June	2019	Board Room		3 rd	December	2019	Board Room