

# Notes of the Formulary Management Group

Held on	Tuesday 7 <sup>th</sup> April 2020			12:30pm- 2:30pm virtual via email	
Members	Attended	Apologies	Absent	Designation	Abbreviation
	√			Head of Medicines Management	(C)
	√			Prescribing Adviser	(PA)
	√			Prescribing Adviser	(PA2)
	√			Trust 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	(CA2)

	Agenda item	Action
1.	<p><b><u>Welcome and Apologies (Declarations of AOB)</u></b></p> <p>C welcomed and introduced everyone to the meeting. The meeting was via email.</p>	
2.	<p><b><u>Minutes of the Last Meeting</u></b></p> <p>The minutes were declared a true and accurate record.</p>	
3.	<p><b><u>Matters Arising/Actions Sheet</u></b></p> <p>All actions have been updated on the Action Log, to be discussed during the meeting. The necessary actions have been completed and moved to the 'completed' tab, whilst actions from today's meeting are added accordingly.</p>	
4.	<p><b><u>Declarations of Interest (DOI) – Check Compliance</u></b></p> <p>There were no conflicts of interest declared at the meeting.</p>	
5.	<p><b><u>Non NICE TA Drug/devices - Full Applications</u></b></p> <p>There were no applications.</p>	
6.	<p><b><u>Trust Formulary Updates - Hospital only applications. For information only – no updates</u></b></p>	
7.	<p><b><u>NICE Technology Appraisal - There were no updates affecting primary care.</u></b></p>	
8.	<p><b><u>Pathway/Guidelines</u></b></p> <p><b>Warfarin to DOAC COVID Document - Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic.</b></p> <p>Comments were received for the DOAC COVID 19 document. Group were in agreement that the document was clear in its clinical detail, very comprehensive and should be adopted for Walsall.</p>	

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	<p>According to this it is very clear that AQP have the responsibility of:</p> <ul style="list-style-type: none"> <li>• Changing to DOACs as per guidance to appropriate patients and that includes counselling and one-month supply of drugs.</li> <li>• Where warfarin is necessary to decrease the frequency of INR in stable appropriate patients.</li> <li>• Where warfarin is necessary consider self-testing, provide the equipment, however treatment will be the AQP's responsibility, which they can manage on phone in present times.</li> <li>• Where necessary home visits with appropriate PPE will be carried out by AQP.</li> </ul> <p>Questions were raised whether there was the capacity in workforce to change patients over.</p> <p>Other considerations were made about what was being adopted in other CCGs for self INR testing. C informed the group that the Birmingham areas were arranging self-testing for suitable patients. In Birmingham, where appropriate DOACs were being initiated in place of Warfarin.</p> <p>Providers of the Walsall anticoagulation clinics will need to be contacted. <b>Action for C</b></p> <p>C informed the group that there are currently 604 patients being tested by anticoagulation clinics (not Hospital).</p> <p>Self-testing was discussed in detail and it's not supported by GPs and the Formulary Management Group. This was because training is required face to face with patient or a family member, that may not be always feasible. Secondly for new learners if there are any errors with the machine, the potential safety risk could be grave. And thirdly this is not familiar to GPs in Walsall and they would see this as a risk to initiate use. There is provision for testing to still take place for INR tests in the community with the correct PPE for these patients. It was also discussed that if home testing strips were prescribed, who takes the clinical responsibility for dose adjustments.</p> <p>Where appropriate only to move to DOAC as this will still need some management – i.e. if the patient has any issues with the DOAC or after 3 months they will need further monitoring (bloods to be redone).</p> <p>FMG action: recommend for JMMC ratification and approval</p> <p><b>DMARD COVID document – Letter to patients on DMARDs</b></p> <p>Comments were received for the DMARD COVID 19 document. Group were in agreement that the document was clear in its clinical detail, comprehensive and should be adopted for Walsall.</p> <p>Amendments were to add in Walsall contact numbers, Rheumatology Specialist Nurse to be contacted. <b>Action C</b></p> <p>FMG action: recommend for JMMC ratification and approval</p> <p><b>B12 advice from local Neurologist - (C) for information</b>          B12 draft guidelines circulated for information only          Algorithm to be reviewed before submission to FMG.          Meeting to be arranged with GP and Neurologist - <b>C action</b></p>	<p>C</p> <p>C</p> <p>C</p>
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9.	<p><b><u>Drug Safety Update</u></b></p> <p>The C asked that everyone visit the website. (link accessible through agenda).</p>	
10.	<p><b><u>Regional Medicines Optimisation Committee</u></b> - None</p>	
11.	<p><b><u>Horizon Scanning</u></b></p> <p>This was not discussed; this is information that can be read through individually.</p>	
12.	<p><b><u>Net Formulary</u></b> - None</p>	
13.	<p><b><u>Formulary Breach</u></b> - There were none recorded.</p>	
14.	<p><b><u>Recommendations to JMMC</u></b></p> <ul style="list-style-type: none"> <li>• Warfarin to DOAC COVID Document</li> <li>• DMARD COVID document</li> </ul>	
15.	<p><b><u>Any other business</u></b></p> <p>C made the group aware of possible new regulations to CDs:</p> <p><a href="https://www.gov.uk/government/publications/letter-to-the-acmd-on-emergency-legislation-to-enable-the-supply-of-controlled-drugs/letter-from-the-home-secretary-to-the-chair-of-the-advisory-council-on-the-misuse-of-drugs">https://www.gov.uk/government/publications/letter-to-the-acmd-on-emergency-legislation-to-enable-the-supply-of-controlled-drugs/letter-from-the-home-secretary-to-the-chair-of-the-advisory-council-on-the-misuse-of-drugs</a></p> <p>PA raised the suggestion of having future Formulary Meetings virtually – which is the plan.</p>	

These minutes are a true representation of the Group's proceeding.  
 These minutes will be redacted to remove names/initials before publication

## Future Meeting Dates

2020								
Formulary Management Group Future Meeting Schedule 12:30pm Start (Finish 2:30pm)								
Date	Month	Year	Venue		Date	Month	Year	Venue
7 <sup>th</sup>	January	2020	POD		7 <sup>th</sup>	July	2020	
4 <sup>th</sup>	February	2020	POD		4 <sup>th</sup>	August	2020	
3 <sup>rd</sup>	March	2020	POD		1 <sup>st</sup>	September	2020	
7 <sup>th</sup>	April	2020	Board Room		6 <sup>th</sup>	October	2020	
5 <sup>th</sup>	May	2020	TEAMS		3 <sup>rd</sup>	November	2020	
2 <sup>nd</sup>	June	2020	TEAMS		1 <sup>st</sup>	December	2020	