

# Notes of the Formulary Management Group

Held on	Tuesday 2 <sup>nd</sup> April 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)
	✓			DWMHPT Chief Pharmacist	(DWMHDP)
			✓	Patient Representative	(PR)
			✓	LMC Representative	(LMC)
		✓		Quality & Safety Officer	(QSO)
	✓			Consultant Diabetes & Endocrinology	(CDE)
	✓			GP Clinical Advisor	(GPCA)
	✓			Tissue Viability	(TVN)
	✓			Tissue Viability	(TVN2)
	✓			Tissue Viability	(TVN3)
	✓			Head of Older Adult and Dementia	(OAD)

	Agenda item	Action
1.	<p><b><u>Welcome and Apologies (Declarations of AOB)</u></b></p> <p>The committee were welcomed to the meeting. Apologies from the Quality &amp; Safety Officer and Patient Representative.</p>	
2.	<p><b><u>Minutes of the Last Meeting</u></b></p> <p>C mentioned that the minutes from February's FMG meeting had been amended for clarity. These can now be uploaded.</p> <p>March FMG Minutes – FP advised that the covering pharmacist for the Trust at the last meeting was a one off- name to be removed. <b>Action: to be removed.</b></p> <p>Page 1 - C advised section 2 stated the meeting was quorate by the end of the meeting – to be removed as this was not the case. FP mentioned there was an action which he was not responsible for – Louise should be looking at this action. <b>Action: to be amended.</b></p> <p>PA2 asked what number should be checked with her as she was not present during March's FMG meeting. No confirmation could be provided on this. <b>Action: to be removed from the action log.</b></p> <p>Page 2 – PA2 suggested to replace drug costs in previous minutes with 'this saving would be cost effective'. <b>Action: replace with this saving would be cost effective.</b></p> <p>Page 3 – PA2 as above also suggested the costs savings again should be removed. <b>Action: to be replaced with 'this saving would be cost effective.'</b></p>	
3.	<p><b><u>Matters Arising/Actions Sheet</u></b></p> <p>This was not discussed during the meeting. To be discussed during May's FMG meeting.</p>	
4.	<p><b><u>Declarations of Interest (DOI) – Check Compliance</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
5.	<p><b><u>Non NICE TA Drug/devices - Full Applications</u></b></p> <p><u>Cosmopore to 365 non-woven island dressing application</u></p>	

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The group discussed the clinical considerations and financial implications of this application. Although the March FMG meeting was non quorate, the committee in April put forward a positive recommendation.

**Action: To take to JMMC to be ratified.**

## Venlafaxine 225mg Application

Although the March FMG meeting was non quorate, the committee in April put forward a positive recommendation.

**Action: To take to JMMC to be ratified.**

## FIASP Application

Received as full application already previously for use in Hospital and then in the community. The recommendation was put forward to be used in Primary Care, based on the audit presented by CDE.

**Action: to be taken to JMMC to be ratified.**

Acticoat – flex 3 Application. Previously, the TVNs had presented this application, and had been asked to present further information and audit data on usage and progress. The TVN's presented examples of the use of the Acticoat and their findings. Although this was more expensive, the overall costs would reduce as the dressings would be used for a shorter period of time. Tissue viability nurses advised these could be prescribed as single dressings rather than original packs. Tissue viability nurses advised the company would support the use of Acticoat for appropriate prescribing and this would benefit Community Nurses, however, support would be needed in order to get the message to Practice Nurses.

**Action: TVN to contact Adele Cartwright (link nurse in care homes) in order to provide training on prescribing requests within Care Homes.**

**Action: TVN to provide information in relation to Acticoat to the Medicine Management Team. C to distribute this information to GP surgeries.**

**Action: Acticoat flex 3 to be added to Formulary and Aquacel AG and Sorbsan to be removed (for new patients).**

**Action: C to look into a Practice Nurse representation at the Wound Care group.**

**Action: TVN to continue monitoring the E-pact prescribing data for this.**

It was discussed that a fast track system be put in place for applications that detail a simple switch, more specifically dressing changes. C brought to the committee for comments. FP advised this was discussed at the Secondary Care MMC and was agreed that where dressings do not contain medicinal products, applications will go straight to FMG for use in primary care.

**Action: TVN's to confirm the processes for collecting the data/costings and whom is going to be responsible for bringing this to the FMG meetings going forward.**

**Action: to be taken to JMMC to be ratified.**

## UCS Wipes Application

TVN's have completed a mini evaluation with 29 patients. There are potential cost savings which would be a positive switch. There are concerns about the wipes not been used correctly, however TVN's have advised they can monitor this and complete spot checks.

**Action: Add UCS Wipes to Formulary. Debrisoft to be removed from the Formulary.**

**Action: to be taken to JMMC for ratification**

PA2 discussed Prescribing Monitoring emails and its non-response. TVN2 advised that PA2 collates the data bi-monthly and it is then rated on whom has prescribed from Formulary and non-Formulary and sends to TVN2. An email is then sent to Practices detailing this information, but no-one has responded to this.

**Action: TVN's to send list to C to advise whom this email has been sent to. C to then forward to Practices with a supporting message.**

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	<p>TVN advised the committee they have been told they are no longer training Practice Nurses. They would like to support them but not sure how to complete this.  <b>Action: C to confirm with the Quality &amp; Safety Team on how to support the Practice Nurses with training.</b></p> <p><u>Semglee Application</u>  Information on costs has been presented to the committee. The costs saving would be a positive switch. GPCA advised he does not see any issues with the changing to Semglee.  <b>Action: Semglee to be added to Formulary (for new patients) and Abasaglar/Lantus Solarstar to be restricted to current patients.</b>  <b>Action: CDE to report back to FMG in October 2019 with results of six months' data. GPSI Diabetes to also attend.</b></p> <p><u>Freestyle Libre Application</u>  GP asked that the eligibility letter was to be sent to both the patient and GP's for confirmation. FP advised that Abbott will provide monitors for patients – this will have a two-week sensor and following this, funding will sit with Primary Care. Funding available for 240 patients within Walsall. PA asked if documentation will be kept as to how this is monitored – number of initiations in each sessions, how many were reviewed and how many continue after the six-month period. FP confirmed this would be the case and CDE would have this information. Letters to confirm acceptance/rejection to be sent to patient/GP's. Discussions were had around the information being sent to PA not including any patient identifiable data, as Medicines Management Team do not receive the identifiable data. It is also the patient's responsibility to return these sensors back to the GP's as they will not receive their prescription without the letters.  <b>Action: Committee agree for Freestyle Libre to be added to Formulary and both Adult/Paediatric application to be taken to JMMC.</b>  <b>Action: FP and CDE to provide data after three-months. To be brought back to July 2019 FMG meeting.</b>  <b>Action: FP to provide PA with patient identifiable data when the forms are sent through with the outcome of the application.</b></p>	
6.	<p><b><u>Trust Formulary Updates - Hospital only applications.</u></b> For information only.</p> <p>FP advised that the Secondary Care MMC meeting minutes were sent on 1<sup>st</sup> April 2019.  <b>Action: To include this to the next FMG agenda – 7<sup>th</sup> May 2019.</b></p>	
7.	<p><b><u>NICE Technology Appraisal</u></b></p> <p>This was not discussed during the meeting. To be discussed during May's FMG – 7<sup>th</sup> May 2019.</p>	
8.	<p><b><u>Pathway/Guidelines</u></b></p> <p><u>Dementia Drugs Shared Care Agreement</u>  The Shared Care Agreement has been updated as necessary to include NICE guidance, Dementia Pathway and a same service Specification. NHS England are encouraging GP diagnosis, which will allow them to prescribe should they wish. GP training has also been provided.</p> <p>PCP asked if information relating to ECG issues were documented on the Pathway, as there have been delays in referrals and some have been declined due to ECGs not being sent with the referral. OAD asked that should there be any issues when non-compulsory information is being requested, advise a commissioner so this can be looked into.</p>	

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	<p><b>Action: OAD to request neurologist to provide more information related to ECG checks and when requesting/providing these would be necessary.</b></p> <p><b>Action: To be uploaded to the Net Formulary Website. Medicines Management to complete.</b></p> <p><b>Action: C to take to JMMC for ratification.</b></p> <p><u>PHE Antibiotic Guidance 2019</u> C advised the previous PHE Antimicrobial guidance had been approved by Trust Microbiologist. There is now a 2019 update, and C confirmed Medicines Management will be adopting the policy. The new 2019 policy was brought to the committee for Governance – will be updating the 2019 version and using this.</p> <p><b>Action: C to take to JMMC for ratification.</b></p>	
9.	<p><b><u>Drug Safety Update</u></b></p> <p>C asked the committee to read the Drug Safety Update.</p>	
10.	<p><b><u>Regional Medicines Optimisation Committee</u></b></p> <p>Liothyronine – RMOC newsletter states that this ESCA may be reviewed.</p>	
11.	<p><b><u>Horizon Scanning</u></b></p> <p>This was not discussed during the meeting. To be discussed during May's FMG – 7<sup>th</sup> May 2019.</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> <p>Semaglutide – FP advised that this has been completed.</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>Cross Border Formulary Update and Interface Work stream – to be discussed during May's FMG meeting.</p> <p>Net Formulary – guidelines are still to be updated.</p> <p><b>Action: PA2 to send the link once this is completed.</b></p> <p><a href="http://www.walsallformulary.nhs.uk">www.walsallformulary.nhs.uk</a></p>	
16.	<p style="text-align: center;">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

<b>2019</b>								
<b>Formulary Management Group Future Meeting Schedule</b>								
<b>12:30pm Start (Finish 2:30pm)</b>								
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