



## Minutes of the GM Formulary Subgroup meeting

**Date:** 3<sup>rd</sup> December 2015, 12-2pm

**Venue:** Seminar room 7, ERC, Wythenshawe Hospital

**Present:** Sarah Jacobs, Liz Bailey, Helen Burgess, Charlotte Skitterall, Ann Harrison, Monica Mason, Jonathan Peacock, Jimmy Cheung

**Apologies:** Leigh Lord, Connie Chen, Aoidín Cooke, Dev Devapriya, Claire Vaughan, Peter Howarth

**Declarations of interest:** None declared

**Item 3 – Previous minutes and actions** - There were no minutes from November as there was no meeting, but the group acknowledged the actions agreed by email. These actions were submitted to November GMMMGMG meeting and approved.

**Action:** No action

### **Item 4a – Revised wording 80/20 rule**

The group agreed changes to the GM formulary FAQ. Following approval at the Dec GMMMGMG meeting the website wording will be updated to reflect this content. The main change is the removal of the “80/20” phrase which has been replaced with “the vast majority of patients”.

**Action:** Submit to GMMMGMG for approval in December

### **Item 4b – COPD pathway development group update (following meeting on 30<sup>th</sup> Nov)**

The group was updated on the progress of the GM COPD and asthma pathway development group, who had recently met for the second time. Minutes from the meeting were not available for the FSG meeting but will be disseminated by email in due course.

The group asked who was representing primary care, there was some concern that the group may be lacking primary care clinician representation. MM agreed to ask AM who had been present.

The FSG are aware that they placed consideration of a number of newer inhalers for formulary inclusion on hold whilst the pathways were developed. There was some concern that these agents have been on hold for a considerable time now, and as there is no agreed date for completion of the pathways the group felt that these agents should be considered for formulary inclusion separately in the near future. It was suggested that there may be a case for listing all combination agents currently available within the formulary with annotation to highlight the most cost effective agents. The group agreed that this approach would be considered at the January meeting.

**Action:** MM to contact AM regarding primary care clinician representation on this group. MM to prepare assessment material for consideration of new inhalers for formulary inclusion at January meeting

#### **Item 4c – Venue and dates for the 2016 FSG meetings**

The FSG discussed the dates for next year's meetings. The Chair of FSG suggested that now that FSG had completed the majority of reviews and if the work plan allowed that it would be an appropriate time for the frequency of FSG meetings to reduce to bi-monthly as per NTS. The FSG agreed that this be trialled with a physical meeting in January and bi-monthly thereafter. In the months where the group would not physically meet the formulary amendments (i.e. NICE TAs, MHRA warnings) would be sent to FSG members and actions agreed by email (as per the October 2015 meeting). This suggestion would be put to GMMMG in December

**Action:** MM to include this information on the December update for GMMMG.

#### **Item 5 – Formulary amendments – November 2015**

The group agreed to the following proposed changes to the formulary.



Formulary  
Amendments approve

**Action:** MM to submit proposed amendments to January GMMMG

#### **Item 6a – Developing and implementing a wound care formulary**

JC presented the group with a scoping document regarding the development of a GM-wide wound care formulary. There was some discussion around the differences in procurement processes between organisations, and thus the limitations of using FP10 data alone to illustrate practice. It was suggested that this work focused on primary care prescribing of wound products and that maybe this could be an “FP10 only” formulary with only two to three dressings per category.

JC to prepare draft for submission to FSG in March 2016

**Action:** JC to submit draft wound care formulary to March FSG meeting

#### **Item 7- Strategy for GMMMG – Feedback from the Chairs of the subgroups meeting**

HB, CS and MM fed back to the FSG on the discussions at the meeting of the Chairs of the GMMMG subgroups. The group discussed the planned merger of the FSG and NTS groups, and the roles of the other subgroups. Membership of the groups was discussed as was the future role of GMMMG as a clinical standards board, and how this would change the working of the subgroups. The use of task and finish groups to develop pathways with a subgroup overseeing the process were discussed, and it was agreed that this was a sensible approach as the involvement of relevant clinicians was essential to the development of such work. It was requested that if possible the restructuring of the groups was agreed before the start of the next financial year.

The minutes from this meeting are being submitted for discussion at the December GMMMG meeting, and Helen asked that all subgroups be requested to submit their current work plans also, in order that timescales be agreed for transfer of work between the groups and the subsequent NTS/FSG merger.

**Action:** MM to contact Chairs and secretaries of the GM subgroups to request current work plans, then to submit these with the minutes from the Chairs meeting to GMMMG in December.

#### **8 – Work-plan - Current work plan and future work of the FSG**

The group considered the draft work plan and suggested amendments which have been incorporated into the updated version.

**Action:** MM to submit to December GMMMG meeting

## **9 – Additional feedback from GMMMG/NTS/IPS**

The group were updated on any necessary information from the other GM subgroups.

## **10 – AOB**

- LB asked that the DNP list consider all NICE “do-not-do” items for consideration.  
**Action: LB to forward list to MM to prepare for assessment at the January meeting**
- The FSG considered a recent request from NTS regarding the choice of GLP-1s in the formulary. This follows the February 2015 recommendation on GLP-1s made by NTS, which stated that NTS would review the agents currently listed in due course. The FSG were unclear for the rationale proposed by NTS suggesting that dulaglutide be included as it was stated as being cost neutral, and the FSG were unsure why this agent would be included over more established products. As this was a late submission to FSG there had been insufficient time for any additional information to be obtained, FSG asked that NTS provide more detailed information pertaining to the rationale for inclusion of dulaglutide to formulary as the first choice weekly agent, which FSG will consider at a future meeting.  
**Action: MM to feedback to NTS**
- The FSG congratulated Helen who recently became a Fellow of the RCGP.

**Date of next meeting: Thursday 7<sup>th</sup> January 2015**  
Pharmacy Seminar Room, UHSM