



Minutes of the GM Formulary Subgroup meeting

Date: 5th May 2016, 12-2pm

Venue: Pharmacy seminar room, Wythenshawe Hospital

Present: Liz Bailey, Monica Mason, Jonathan Peacock, Leigh Lord, Dev Devapriya, Jimmy Cheung, Sarah Jacobs, Helen Burgess, Charlotte Skitterall, Claire Vaughan

Apologies: Peter Howarth, Danielle Timoney, Connie Chen, Ann Harrison

Declarations of interest: HB and CV declared that Salford and South Manchester CCGs were involved in the Salford Lung Study.

Item 3 – Previous minutes and actions –

There was no physical meeting in April, but the group were provided with the summary of decisions which had been made virtually and subsequently approved by GMMM and include:

- Approval of the March minutes
- Addition of TA386 to the formulary
- E-voke to be added to the DNP list
- Tolvaptan for autosomal dominant polycystic kidney disease RAG status confirmed as RED
- Rubefaciants to be added to the DNP list

Action: No action

Item 4a – GM COPD pathway

DD who had attended the COPD meeting updated FSG on the development of the COPD pathway. The group were keen to see the pathway and it was agreed that it would be opened for GM-wide consultation via the website as soon as possible. FSG noted that some useful and constructive discussion had also been undertaken regarding mucolytics, and an additional meeting was being held by the COPD development group to discuss these issues and to develop the asthma pathway. FSG discussed the possibilities of further work being undertaken looking at antimicrobial resistance, rescue packs and hospital admissions. FSG recognised the work involved in the development of this pathway and expressed their thanks to all those involved.

Action: MM to contact AM and request the COPD pathway draft for GM consultation

Item 4b – Pain pathway

SJ updated FSG on the development of this pathway. At the last meeting of the NW pain group comment had been made that the pathway needed to be more than just a list of formulary drugs and should include non-pharmacological options also. FSG agreed with this and noted that there was another meeting in a couple of weeks, which SJ and other GMMM members are attending, there was also an awareness that primary and secondary care should be fairly represented.

Action: No action

Item 4c – Draft wound care formulary

FSG considered the draft wound care formulary presented by JC. This draft had been amended following comments from an expert group, it was commented that the formulary was quite large, but JC responded that the content had been streamlined as far as possible in order to accommodate all current GM health economies. It was recognised that this is the first version of a GM wound care formulary and that over time it is intended that the product choices can be rationalised further. It was agreed that the draft will be opened up for GM-wide consultation via the website for a two week period, after which it will be amended and submitted to FSG with comments and outcomes for approval by email before submission to GMMMGM for approval.

Action: MM to open via website for GM-wide consultation

Item 4d – Anal irrigation systems

FSG discussed the recent NTS recommendation on anal irrigation systems and reference that there needed to be a robust specialist treatment pathway in place. FSG queried whether or not a GM wide pathway was available as some CCGs did not have access to a local pathway. FSG recognised that it may be more appropriate for local pathways to be used and CV agreed to share a draft pathway with FSG.

Action: CV to share draft pathway with FSG members for further discussion

Item 4e – Pathway scoping template

A second draft of the pathway scoping template and procedure were discussed by FSG who suggested that the scoping template should highlight:

- - any Industry sponsorship related to the pathway development
- - any anticipated difficulties in commissioning
- - how the success of the outcomes of the pathway will be measured

It was agreed that this template and process be amended to include these comments and that it be submitted to the May GMMMGM meeting for approval. It would then be trialled by the pain and diabetes pathway groups.

Action: MM to amend template and process and submit to GMMMGM for approval. SJ to trial template with pain and diabetes pathway groups

Item 4f - Diabetes pathway – scoping document

SJ updated the group on the progress of the diabetes pathway development. An earlier version of the scoping template had been submitted to FSG, who noted the reasons for this pathway development which included reductions in outcome variation across GM and that there will be a focus on implementation and service re-design.

The first meeting of this group will be on 23rd June and it was agreed that a member of FSG or NTS would attend to represent GMMMGM. The revised scoping document would be completed on behalf of this group following GMMMGM approval, and would be used to ensure the pathway development met GMMMGM requirements if it was to be submitted for GMMMGM approval.

Action: SJ/AM to converse with the diabetes pathway group to complete the revised scoping document which will then be submitted to GMMMGM for approval

Item 4g - Horizon scanning including NICE TAs

The group considered whether there was a need for FSG to undertake a more proactive approach to horizon scanning. This issue had been raised due to TA which had a 30 day implementation deadline. Currently FSG undertakes horizon scanning and communicates information relating to new drugs to FSG and IPS, FSG consider NICE guidance (including TAs) in the month following publication, where TAs have a 90 day implementation deadline this is feasible, however FSG agreed that it would be

sensible that a scan of TAs in development so takes place each month in order to identify any 30 day TAs so that these can be assessed at the FAD stage.

Action: MM to scan for 30 day TAs and to include them in the monthly amendments document in future

Item 5 – Formulary amendments – April 2016

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



Formulary
Amendments approve

Action: MM to submit proposed amendments to GMMMG as appropriate and prepare items for next FSG meeting

Item 6a – Review of formulary chapters

Chapter 5 review: SJ updated FSG on the process of the chapter 5 review which was just about to open for two week GM-wide consultation period, any comments and their proposed actions would return to FSG in June/July prior to GMMMG approval.

Action: MM and SJ to gather comments from GM wide consultation, final draft to be submitted to FSG then GMMMG for approval in June/July

Item 7- Strategy for GMMMG – Current work plan

FSG discussed the work currently being undertaken by the group and asked MM to update the work plan in light of this. It was agreed that July would be a strategic meeting if possible.

Action: MM to update work plan

8 – AOB

SJ had received the following queries:

1. Why are calcium and vitamin D listed generically
2. Why does the formulary not reflect the OAB pathway

MM agreed to look at point 1 prior to the next FSG meeting

FSG agreed that the formulary should reflect the pathway, MM to amend and SJ to check.

Action: MM/SJ to action as agreed

Date of next meeting: Thursday 7th July 2016, 12-2pm, Maternity Seminar Room, UHSM. N.B. the FSG will communicate virtually in June