

**Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group**  
**Thursday 27<sup>th</sup> February 2014: 9:00am – 11:00am. Meeting Room C, Tiverton Hospital**

<b>Present</b>	Chris Roome (CR)– Head of Clinical Effectiveness, Chair	NEW Devon CCG
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG
	Sam Smith (SS) – Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG
	Tawfique Daneshmend (TD)– DTC Chair/Consultant Gastroenterologist	RD&E
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E
	Tracey Foss (TF) – Chief Pharmacist	RD&E
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH
	Carole Knight (CK) – Formulary Pharmacist	NDDH
Carl Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG	
<b>Apologies</b>	Niall Ferguson (NF) - Director of Pharmacy	NDDH
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG
	Hugh Savill (HS) – GP, Castle Place Surgery	NEW Devon CCG
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG
	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG

1. Welcome and Apologies – noted above

The committee was reminded of the merger rather than a review process that we working on, with a view to publishing the new combined North and East Formulary website as soon as possible. Comment was made on the importance of review.

2. **Notes of previous meeting:** The notes of the meeting of 30<sup>th</sup> January 2014 were agreed.

**Action list from the previous minutes, not on the agenda**

- **Updated osteoporosis pathway:** an interim statement for GPs re: withdrawal of strontium has been written. There is currently discussion about drug holidays and vitamin D testing. The meeting felt that a pathway is needed giving the place of denosumab and strontium, and that those issues could be resolved at a later date. The recent restrictions on strontium mean that the NICE TA cannot be followed; strontium will remain in the formulary but with the restrictions clearly stated.
- **Pain:** Neuropathic pain guidance has been sent to the pain consultants, no comments have been received.  
**Action: neuropathic pain guidance to be sent to endocrinologists** **GF**
- **GI Chapter:** information on maintenance and remission of Crohn’s disease. It was agreed to include the information in the formularies previously, amended to take into account information from North Devon.

<ul style="list-style-type: none"> <li>• <b>Antibacterial section:</b> waiting for a reply from paediatricians in regard to meningitis treatment</li> </ul>	<p>3. <b>Chapter 2 Stroke/TIA</b> Information on lipids and new anticoagulants has been updated, the remainder is the information from the formularies <b>Action: check the information for North Devon and amend accordingly</b> <b>Action: monitoring of ACE inhibitor therapy, to remove the monitoring for one week before</b></p>	<p>4. <b>Chapter 2 Hypertension</b> This section is as according to NICE guidelines. Section on stage 2 hypertension needs to be re-worded <b>Action: move the information for people aged under 40 years into stage 1 hypertension</b> It was agreed to leave in the information on Resperate, but this could be removed at a later date. Drug choices are as per NICE Hypertension in pregnancy is also in line with NICE; there has been agreement with the North Devon clinicians.</p>	<p>5. <b>Chapter 2 Angina/heart failure</b> Information is the same as in the previous formulary, re-formatted for the website. Comments were made in regard to the information on revascularisation; is this evidence based, is it current practice. To be checked in regard to NICE and to be discussed with Ali Round. This section may be removed. <b>Action: to check the information on revascularisation is correct</b> Heart failure, again this information is based on NICE guidance. It was asked that a note be added about patients who are already taking a thiazide diuretic be reviewed with the view of change this to a loop diuretic. <b>Action: a note to be added to review diuretic and change to a loop diuretic</b> The use of nebivolol in the East was discussed as this is significantly higher than the rest of Devon. Comments were also made about the cost of the lower strength tablets. Communication with the consultants has ascertained that they agree it should not be used as the first choice beta blocker in heart failure. It was decided to leave it in the formulary but with prescribing advice which could then be audited in primary care.</p>	<p>6. <b>Chapter 2 Arrhythmias/anticoagulation</b> Again all the content is from the previous formularies. In the section for Permanent atrial fibrillation it was pointed out that the information under second-line choices needs expanding as the current wording is unclear. <b>Action: to check and re-word the information under second-line choices in permanent atrial fibrillation</b> It was asked that more information be added to the CHA<sub>2</sub>DS<sub>2</sub>-Vasc scoring system section to indicate what this means and what action to take. Further information in the NOAC</p>
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<p>section needs to link together with this</p>	<p><b>Action: to add further information about CHA2DS2-Vasc scoring system</b></p>	<p><b>GF</b></p>
<p>Anticoagulation, further information needs to be added to this section. It was noted that the inpatient treatment in NDDH and RD&amp;E is different. Slow induction of warfarin guidance needs to be checked and clarified.</p>		
<p><b>Action: to clarify the slow induction of warfarin information</b></p>	<p><b>GF</b></p>	
<p>In the section about the NOACs for AF there is no information on what to do prior to planned surgery</p>		
<p><b>Action: to check and include information on NOACs prior to planned surgery</b></p>	<p><b>GF</b></p>	
<p><b>7. Chapter 2 Lipids</b></p>		
<p>This section is based on the current NICE guidelines, together with the addition of the simvastatin interactions. It was noted that the NICE guidelines are due to be updated</p>		
<p><b>8. Chapter 2 Drug list</b></p>		
<p><b>Action: a list of the hospital only specials to be checked to ensure they are still required in the formulary</b></p>	<p><b>GF</b></p>	
<p>Metolazone, there is revised wording added in regard to renal patients  Mannitol, the information about warming the bags to dissolve any crystals to be removed  They question was asked if doses are needed for all indications, in particular for the ACEs.  It was decided to link to the clinical guidance where appropriate and to add doses where there is no guidance.  Renal complications in diabetes, this is something to look at when the chapter is reviewed  Nitrates, it was noted that the formulary choice for m/r 60mg is Chemydur  Diltiazem, to order the choices by cost.  Nifedipine short acting, to check that this is still used and remove if the use is small.  Adrenaline 1 in 10 000, this should be the 1 in 1000 product and it should be red, hospital only.  Warfarin, to add links back to the clinical guidance and to emphasize the use of record books and patient information</p>		
<p><b>9. Recent drugs decisions:</b> These were noted</p>		
<p>TF informed the committee that the RD&amp;E DTC is being replaced with a New Drugs Committee to run alongside the Medicines Management Group</p>		
<p><b>10 MHRA Drug Safety Update, February</b></p>		
<p><b>Action: to add information about the combined hormonal contraceptive and VTE risk together with a link to the Drug Safety update</b></p>	<p><b>CW</b></p>	
<p><b>Next meeting: Thursday 27<sup>th</sup> March 2014</b> Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT</p>		

Northern & Eastern Formulary – Action Log			
Date	Action	Responsible	
Nov 2013	<b>Updated osteoporosis pathway</b>	Sky	On the agenda
Nov 2013	<b>Pain</b> <ul style="list-style-type: none"> <li>Share single neuropathy guidance with endocrinologists</li> </ul>	Grant Smith / GF	
Nov 2013	<b>ENT Chapter</b> Final draft to be brought to future meeting	GF	
30 <sup>th</sup> Jan 14	<b>Antibacterial section</b> <ul style="list-style-type: none"> <li>Meningitis: To check with paediatricians</li> </ul>	GF	
27 <sup>th</sup> Feb 14	<b>Chapter 2 Cardiology</b> <ul style="list-style-type: none"> <li>Move the information for people aged under 40 years into stage 1 hypertension</li> <li>Check the information for North Devon and amend accordingly</li> <li>Monitoring of ACE inhibitor therapy, to remove the monitoring for one week before</li> <li>To check the information on revascularisation is correct</li> <li>Note to be added to review diuretic and change to a loop diuretic</li> <li>Check and re-word the information under second-line choices in permanent atrial fibrillation</li> <li>List of the hospital only specials to be checked to ensure they are still required in the formulary</li> </ul>	GF	GF
27 <sup>th</sup> Feb 14	<b>MHRA Drug Safety Update, February</b> <ul style="list-style-type: none"> <li>Add information about the combined hormonal contraceptive and VTE risk together with a link to the Drug Safety update</li> </ul>	CW	