

Northern, Eastern and Western Devon Clinical Commissioning Group

Notes of: Meeting of the Northern and Eastern Devon Formulary Interface Group						
Thursday 28 th November 2013: 9:00am – 11:00am. Meeting Room C, Tiverton Hospital						
Present	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				
	Carol Albury (CA) - Locality Medicines Optimisation Pharmacist	NEW Devon CCG				
	Matt King (MK) – GP, Coleridge Medical Centre	NEW Devon CCG				
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG				
	Stuart Kyle (SKy) – DTC Chair / Consultant Rheumatologist	NDDH				
	Hugh Savill (HS) – GP, Castle Place Surgery	NEW Devon CCG				
	Simon Kay (SK) – GP, Haldon House Surgery	NEW Devon CCG				
	Andrew Harrison (AH) – GP, The South Lawn Medical Practice	NEW Devon CCG				
	Iain Carr (IC) – Medicines Optimisation Pharmacist	NEW Devon CCG				
	Tawfique Daneshmend (TD)- DTC Chair/Consultant Gastroenterologist	RD&E				
	Darunee Whiting (DW) – GP, Northam Surgery	NEW Devon CCG				
	Susie Harris (SHa) – Consultant, Elderly Care	RD&E				
Apologies	Beverly Baker (BB) – Non Medical Prescribing Lead	NEW Devon CCG				
	Tracey Foss (TF) – Chief Pharmacist	RD&E				
	Ross Mitchell (RM)	Dorset Healthcare				
	Stephen Hunt (SH) – GP, Waterside Practice	NEW Devon CCG				
	Carole Knight (CK) – Formulary Pharmacist	NDDH				
	Petrina Trueman (PT) - Joint Formularies Pharmacist	NEW Devon CCG				
	Carol Peacock (CP) – Medicines Optimisation Pharmacist	NEW Devon CCG				
1. We	lcome and Apologies – noted above					
Sus	ie Harris, new member to the group was welcomed and introductions mad	de				
	es of previous meeting					
The	notes of the meeting of 24 th October 2013 were agreed.					
Act	ion list from the previous minutes, not on the agenda					
•	Palliative care guidance: Next meeting of the committee is in January. Ag	reed to take				
	this item off the action list and to report when progress has been made					
•	New Anticoagulation guidance: The rivaroxaban guidance has be reformation and the reformation of the second s	atted and				
	added to the test formulary website. To re-send the link to this re-format	ted				
	guidance to the members of the group	CW				
•	Infant Feeds Guidance: The infant feeds guidance has been added to the	test				
	formulary site, with a link to the RD&E website for detailed specialist guid	lance.				
	Comment from North Devon requested key prescribing information be in	cluded on				
	the formulary website (including durations of treatment.					
	Action: to look at the RD&E guidance to see which points should be incl					
	formulary page	IC/CA				
•	Updated osteoporosis pathway: There was discussion about the funding	of				



denosumab treatment, which is available, and who should be administering. The	е
was discussion about informing the LMC about the group of patients who would I	ре
treated in primary care	
Action: to take the issue of denosumab treatment in primary care to the LMC	CR
ENT Chapter: Comments received from North Devon specialists	
Action: To brings a draft chapter to the December meeting	GF
. Brands	
There was a discussion about changing to different brands in the formulary. It was	
acknowledged that, to reduce the costs in prescribing, to recommend a specific bran	d in
some instances are appropriate. Starting new patients to the specified brand is prefe	rred
by practices over switching current patients.	
Chapter 1 Gastrointestinal System	
The merger of this chapter has been done by Jain Carr who detailed to the meeting the	
significant changes.	
 Gaviscon infant, is added (currently only in the North Devon formulary) 	
• There was discussion about the dose of PPI in acid related dyspepsia. It was agree	ed to
just include the 20mg omeprazole and 15mg lansoprazole	
Mesalzine	
\circ it was suggested that Octasa mr be added as an alternative brand due to	
warnings about the DBP in the coatings of the 800mg Asacol. This was agreed	l in
principle as there is work being done by Bryan Foreshew in this area.	
 General branded prescribing for mesalazine was discussed 	
Action: check NICE guidance	IC
 The note about renal impairment to be expanded and defined. 	
 Budesonide, it was agreed to define the brand as Budenofalk 	
 Prednisolone, it was agreed to add in the 5mg suppositories 	
• Bowel cleansing preparations, there is an increase in the preparations used	
Action: to send a list of these preparations to IC	TD
 Phenol oily is no longer used so can be deleted 	
 Diltiazem cream, to highlight that this is a second choice after GTN 	
Constipation guidance	
 To define Laxido as the preferred brand of macrogol 	
 To delete the word 'ineffective' in the note about when to use lactulose 	
 Phosphate enemas are in the guidance but need to be included as a drug entr 	V
Irritable Bowel Syndrome	,
 A note about low FODMAP diet needs to be worded and included, stressing the 	nat
the patients need to be seen by a specialist/dietician before commencing this	
 To delete the section about psychological interventions 	
 Crohn's disease, to add information about mesalazine in the colonic section 	
 Omeprazole IV infusion, to amend the wording to what is included in the BNF 	
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5. Pain section				
This merger work has been completed by Carl Peacock, GF reported on this and the				
significant changes				
 It was agreed to delete co-dydramol and dihydrocodeine from the formulary 				
Oromorph concentrated oral solution to be defined as a yellow drug, to highlight its				
difference from the standard strength solution				
• Zomorph capsules to be highlighted as the first-choice for new patients, and a note to				
be put on to Scriptswitch.				
Fentanyl patches, the preferred brand was discussed. It was agreed to included				
Matrifen in the formulary, GF to contact acute trusts about Durogesic.				
Action: to check with NDDH and RD&E about just using Matrifen	GF			
To delete the morphine equivalences to Transtec patches as these are non-formulary				
Abstral tablets, there was discussion on the use of these. There is national work being				
done to look at the prescribing of oral fentanyl				
Action: to look at the prescribing data for these preparations. To include				
appropriate wording for its place in treatment	CA/GF			
Opioid conversion tables, there was discussion about the difficulties with the				
oxycodone conversion taken from the BNF.				
Action: to send SHa the conversion tables proposed for the South & West				
Formulary for comment and possible inclusion	GF			
Due to time constraints the remainder of this item will be discussed at the next meeting				
The meeting was concluded at this point and the remainder of the items will be re-scheduled to lat	ter			
meetings				
It was also noted that the proposed formulary launch will also need to be delayed to the beginning	of the			
New Year.				
There were several apologies for the next meeting on the 19 th December, this may be re-arranged.				
Next meeting: Thursday 19 ^h December 2013 Meeting Room C, Tiverton Hospital, Tiverton EX16 6NT				

DATE TO BE CONFIRMED



Northern 8	ε Eastern Formulary – Action Log		
Date	Action	Responsible	
Nov 2013	New anticoagulation guidance		Complete
	To re-send the link to the committee	CW	
Nov 2013	Infant Feeds Guidance:		
	To look at the RD&E guidance to see if any points could be	IC/CA	
	extracted and put on the formulary page		
Nov 2013	Updated osteoporosis pathway		
	To take the issue of denosumab treatment in primary care to	CR	
	the LMC		
Nov 2013	GI Chapter		
	\circ to check what NICE says about branded mesalazine	IC	
	prescribing		
	\circ to send the list of bowel cleansing preparations to IC	TD	
Nov 2013	ENT Chapter	GF	
	Final draft to be bought to the December meeting		
Nov 2013	Pain section		
	\circ to check with NDDH and RD&E about just using Matrifen as	GF	
	the preferred brand of fentanyl patches		
	\circ to look at the prescribing data for these preparations	CA	
	\circ to include appropriate wording for place of Abstral in	GF	
	treatment		
	\circ to send SHa the opioid conversion tables proposed for the	GF	
	South & West Formulary for comment and possible inclusion		