

# Northern, Eastern & Western Devon Clinical Commissioning Group South Devon and Torbay Clinical Commissioning Group

	Notes of the meeting of the South and West Devon Formulary Interface Group					
	Tuesday 14 <sup>th</sup> March 2014, 2pm – 4.30pm					
	The Watermark, Erme Court, Leonards Road, Ivybridge PL21 0SZ					
Present:	Chris Roome (CR) – Head of Clinical Effectiveness	NEW Devon CCG				
	Phil Melluish (PM) – GP– Chair	South Devon & Torbay CCG				
	Bill Nolan (BN) – GP	South Devon & Torbay CCG				
	Larissa Sullivan (LS) – Interface Pharmacist	NEW Devon CCG				
	Gareth Franklin (GF) – Clinical Guidance Manager	NEW Devon CCG				
	Iain Roberts (IR) – Lead MO Pharmacist	South Devon & Torbay CCG				
	Carol Webb (CW) – Joint Formularies Technician	NEW Devon CCG				
	Margaret Hinchliffe (MH)	Lay member				
	Paul Manson (PLM) – Lead MO Pharmacist	NEW Devon CCG				
	Andrew Gunatilleke (AG1) – Consultant, Chair SDNT DTC	South Devon NHS Trust				
	Elena Mercer (EM) – Formulary Pharmacist	NEW Devon CCG				
	Keith Gillespie (KG) - GP	NEW Devon CCG				
	David Gwynne - GP	NEW Devon CCG				
	Jeremy Morris (JM) – Formulary Pharmacist	Plymouth Hospitals NHS Trust				
	Emma Hewitt (EH) – Joint Formulary Pharmacist	NEW Devon CCG				
Apologies	Steve Cooke (SC) – Chief Pharmacist	Plymouth Community Healthcare				
	Paul Humphriss (PH) - Head of Medicines Management	Torbay and Southern Devon				
		Health and Care NHS Trust				
1	Welcome: Introductions were made and apologies as noted above.					
3	3 Notes of last meeting 14 <sup>th</sup> February 2013: These were noted and agreed.					
	Action log:					
	Revised Osteoporosis guidance: Specialists across Devo	on have produced a first draft of the				
	<ul> <li>revised osteoporosis guidance, to be brought to a future meeting.</li> <li>Cardiology: LMWH, although there is further work to be done on the possibility of</li> </ul>					
	extending the current South Devon guidance it was agree	eed for the merged guidance to go				
	ahead, highlighting the differences in the Western Loca	lity and the South Devon CCG area.				
	• Epilepsy: Rebecca Bell has drafted an interpretation on	the recent MHRA information on				
	brand name prescribing, it was noted again that this iss					
	Action: Draft to be bought to the April meeting	, ,				
	<ul> <li>Chapter 7 Obstetrics, gynaecology and urinary tract dis</li> </ul>	sorders				
	<ul> <li>Primary care use of econazole is very low. It was</li> </ul>					
	merged formulary					
	• Bladder instillation products used in Derriford have been checked					
	<ul> <li>Route to progress solifenacin/trospium application, this is to be discussed at a formulary meeting. Appropriate information is being gathered using a short check</li> </ul>					
	list	Senie Bather en using a short check				
	li5t					



# Northern, Eastern & Western Devon Clinical Commissioning Group

### South Devon and Torbay Clinical Commissioning Group

	Chapter 3 Respiratory				
	<ul> <li>Theophylline 60mg/5mL is used in Derriford so will be included in the formulary</li> </ul>				
	<ul> <li>Shared care: CR reported that there has been agreement between the LMC and the</li> </ul>				
	CCG and a framework developed of the shared care that will be funded across the				
	whole of Devon, starting in April.				
4	Chapter 12 ENT				
	The merge of this chapter was completed by Carol Webb Comments and decisions:				
	<ul> <li>Ichthamol &amp; glycerine ear drops – not to be included in the merged formulary</li> </ul>				
	<ul> <li>Anti-infective preparations for otitis externa were discussed and it was agreed that the</li> </ul>				
	products additional to the primary care guidelines were appropriate. Other comments:				
	<ul> <li>Gentamicin drops – to be listed as amber, specialist use. Gentamicin HC to remain blue</li> </ul>				
	<ul> <li>Sofradex drops – the 'colour' of these was discussed in the light of the second-line</li> </ul>				
	us in the North and East Devon Formulary. It was agreed that they should remain as				
	red, hospital only, and that they are not recommended for primary care use be re- enforced				
	• Cocaine nasal products, the 25% nasal paste is no longer used in Derriford so this will be				
	removed from the formulary. The 10% nasal spray is still used in Torbay Hospital; this will				
	remain in the formulary and clearly marked for use in Torbay only				
	• Nasal spray information, the brief notes were agreed to be added. These notes come from				
	a current nasal spray leaflet, patient information leaflets produced by the Medicines				
	Optimisation Teams will be hosted now in the CCG websites and the formulary will link to				
	<ul> <li>these as appropriate</li> <li>Glyceryl and glucose nasal spray will not be included as this is no longer used</li> </ul>				
	• Sterimar, there was discussion about including this as a product to be prescribed. It was				
	agreed to include as a blue, second line treatment				
	• Sympathomimetic topical nasal decongestants, there was discussion about these and it				
	was agreed to include xylometazoline as blue. It was proposed not to include ephedrine if				
	it is no longer used in Derriford. To include as red, hospital only, if it is used.				
	Action: To ascertain use of ephedrine in Derriford				
	Benzocaine and codeine mouthwash, this is only used in Derriford so will be noted as such				
	<ul> <li>Mouthwash solution tablets (thymol), these are used in hospital so it was agreed to include</li> </ul>				
	these as hospital only				
5	Chapter 13 Skin				
	The PAJF had very recently been reviewed; a complete review of the SDJF chapter had not				
	been done for some time. The merged chapter therefore includes many items not currently in				
	the SDJF. It was agreed to accept the merged chapter and for a review of this chapter to be				
	conducted. GF and CW are meeting with Dr Ng in Torbay Hospital on the 20 <sup>th</sup> March.				
	Comments and decisions:				
	<ul> <li>The comment was made about including doxycycline in the Rosacea guidance, it was</li> </ul>				



### Northern, Eastern & Western Devon Clinical Commissioning Group

### South Devon and Torbay Clinical Commissioning Group

	agreed to leave this for the review of the chapter				
	<ul> <li>Fucidin H, Fucibet are to be included as they are included in the primary care</li> </ul>				
	antibacterial guidelines				
	<ul> <li>It was agreed to not include minocycline as a treatment options for acne</li> </ul>				
	• Eflornithine, this is only included in one of the current four Devon formularies. It was				
	agreed not to include this in the merged formulary				
7	Recent drug decisions including NICE				
These were noted					
8	MHRA Drug Safety Update – February				
	These were noted.				
	Combined hormonal contraceptives and VTE risk, it was noted that the perception is that the				
	guidance is not that different to the current. It was noted that the colours in the SDJF refle				
the risk. It was agreed to add a short statement and a link to the Drug Safety Update.					
Any other business					
	• There had been discussion at the last formulary meeting about the launch date for the new				
	South and West Formulary. This was discussed again and a date of the 1 <sup>st</sup> June was noted.				
	<ul> <li>Apologies for the April meeting: MH, PM, EM and AG will be delayed.</li> </ul>				
Next me	eting: Friday 11 <sup>th</sup> April 2014 2pm – 4:30pm The Watermark, Ivybridge PL21 0SZ				

South and West Devon Formulary Group – Action log				
Date	Action	Responsible	Completed	
June 2013	To bring a revised osteoporosis pathway to future meeting	GF		
Sept 2013	An update on the dressings project to be given to the meeting	ТМ		
	after the next dressings meeting			
Dec 13	Brand names for epilepsy treatments			
	<ul> <li>To brief the committee on this when available</li> </ul>	IR		
Feb 14	To add guidance on medication reviews in the elderly to an			
	agenda when available	AG		
Mar 14	Chapter 12 ENT			
	To ascertain use of ephedrine in Derriford	JM		