

North East London Formulary & Pathways Group (FPG)

Friday 16th September 2022 at 1.00pm via MS Teams

Minutes

<p>Attended by:</p>	<p>Belinda Krishek (BK), Chair for this meeting, Director of Medicines Optimisation, NHS North East London (NEL) Tase Oputu (TO), Lead Pharmacist, Medicines Commissioning & Pathways, Barts Health NHS Trust Sanjay Patel, Assistant Director of Medicines Optimisation, NHS NEL Raliat Onatade, Chief Pharmacist and Director of Medicines and Pharmacy, NHS NEL John McAuley, Medicines Optimisation Group Chair, Barking Havering & Redbridge University Trust (BHRUT) Bola Sotubo, Lead Pharmacist, NHS NEL Sibel Ihsan, Lead Directorate Pharmacist, North East London Foundation Trust (NELFT) Dr Sarah Hall, GP, Medicines Optimisation Lead for Tower Hamlets Iola Williams, Chief Pharmacist, Homerton Sarla Drayan, Chief Pharmacist, Barking, Havering and Redbridge University Trust (BHRUT) Dinesh Gupta, Deputy Chief Pharmacist, BHRUT Kiran Dahele, Formulary Pharmacist, NELFT Maruf Ahmed, Pharmacist, Barts Health NHS Trust Jaymi Teli, Lead Formulary & Pathways Pharmacist, NHS NEL Gurvinder Rull, Drugs & Therapeutics Committee (DTC) Chair, Barts Health NHS Trust Dr Haren Patel, GP, Clinical Lead Prescribing for City & Hackney Nilou Nourishad, Commissioning & Contracting Pharmacist, NHS NEL Nick Cooley, Deputy Chief Pharmacist, Barts Health NHS Trust Bobby Sandhu, Senior Prescribing Advisor, NHS NEL Louise Abrams, DTC Chair, Homerton Healthcare NHS Trust Denise Baker (DB), Business Manager, NHS NEL</p>
<p>Apologies:</p>	<p>Ada Onyeagwara, Head of Medicines Optimisation NHS NEL Anh Vu, Joint Formulary Pharmacist, NHS NEL Dr Syed Raza, GP, Clinical Lead Prescribing for Redbridge Natalie Whitworth, Commissioning & Contracting Pharmacist, NHS NEL</p>

No.	Agenda item and minute	Action
1.	Welcome and Apologies	
	<p>The Chair welcomed all to the initial meeting of the NEL Formulary & Pathways Group. The membership of the group was yet to be finalised and it was explained that all those present had been invited due to their contribution to the development of the new group and/or were a member of a legacy committee.</p>	
2.	Terms of Reference (TOR)	
	<p>The drafted TOR for the group were discussed and amendments were agreed to the document. Clarity was sought regarding the remit of the FPG and it was explained that all future decisions regarding new medicines and medicines related pathways would only be undertaken by the FPG going forward. Whilst it was acknowledged that local Trust organisations may decide to continue with local meetings, these would not be decision making and would not be suitable to discuss matters that would have NEL wide implications.</p> <p>Appointment of Co-Chairs – the group were informed that four expressions of interest for co-chairing the group had been received and an appointment process would be commenced.</p> <p>Ways of working – It was agreed that the Barts Health Cancer Drug & Therapeutic Committee and the NEL London Sub Regional Immunoglobulin Assessment Panel which were already in existence, would continue as sub-groups of the FPG and would submit regular summaries to the group.</p> <p>There was discussion regarding scheduling meetings in August and December and it was agreed that these may be arranged at short notice should the agenda of the previous meetings seem excessive and an additional meeting required. Whilst documentation to support the FPG was yet to be finalised it was agreed that the drug application form would include sustainability and the use of messages on the electronic systems ScriptSwitch and OptomiseRx. It was explained that where the need for an urgent clinical decision regarding a patient was required and an FPG meeting not imminent, the individual Trust</p>	<p>FPG lead</p> <ul style="list-style-type: none"> - Page 1, to remove the list of formularies and add as an Appendix 1 to the TOR and replace with the following wording ‘There are multiple formularies in use across NEL as of the 1st July 2022.’ - Page 2, to add the following wording to the bullet point beginning entry of new medicines including prescribable treatments eg. devices’ - Page 3, amend membership list for Homerton Health NHS Foundation Trust to include Senior Pharmacist instead of Formulary & pathways Lead Pharmacist. To also remove paediatric and oncology representatives - Page 4, Running of the meeting, to amend wording to ‘a minimum of 5 working days before’ for circulation of papers - Page 4, Publications, to add ‘redacted’ to minutes <p>NEL Trusts</p> <ul style="list-style-type: none"> - To send titles of all relevant committees within NEL to FPG Lead

	<p>would use their own internal process to decide on the case accepting both clinical and financial risk for the decision made. Full details of a decision made via this process, would need to be submitted to the next FPG meeting for discussion and recommendation.</p> <p>Discussion took place regarding GP membership of the committee and it was agreed that two GPs would be present at each meeting, one GP as co-chair of the committee and another as a Primary Care Prescribing Lead.</p> <p>Working sub-groups suggested –</p> <ul style="list-style-type: none"> • Shared Care & Transfer of Care • Primary guidelines/positions statements for NEL • Hospital Only List – existing • One NEL Formulary Group • Ophthalmology • Respiratory • Barts Health Cancer Drug & Therapeutic Committee - existing • NEL London Sub Regional Immunoglobulin Assessment Panel - existing 	
3.	NEL FPG workplan	
	<p>It was agreed that all stakeholders would consider their priorities for future FPG agenda submissions and RAG rate their anticipated time line for these items. Green – within next three months, amber within three to six months and red for six months plus items.</p>	<p>FPG Lead</p> <ul style="list-style-type: none"> - To email request for priority list of RAG rated items from each stakeholder
4.	NICE Technology Appraisals (TAs) requiring approval between July and September	
	<p>The group agreed in principle to the TAs (July and September) listed below but would defer to their local Trusts regarding implementation and the financial implications of actioning the TAs.</p>	<p>NEL Trusts</p> <ul style="list-style-type: none"> - To ensure that details of the TAs are shared within their organisation for implementation

	TA Ref	Drug Name	Indication	
	TA791	Romosozumab	Severe osteoporosis	
	TA792	Filgotinib	Ulcerative colitis	
	TA799	Faricimab	Diabetic macular oedema	
	TA800	Faricimab	Wet age-related macular degeneration	
	TA803	Risankizumab	Psoriatic arthritis	
	TA814	Abrocitinib, Tralokinumab or Upadacitinib	Moderate to severe atopic dermatitis	
	TA820	Brolucizumab	Diabetic Macular Oedema	
5.	London Formulary Group update			
	Hospital Only List (HOL) – NEL ICB representative advised that the following four groups had been discussed as part of the NEL reviewing process: Gastroenterology, Cardiology, Central Nervous System and Respiratory. There were two more meetings planned to finalise the NEL feedback of all HOL BNF chapters. Once the HOL feedback is finalised, it will be submitted to the Pan-London Red List Short Life Working Group for collation of all five London ICS feedback and agreement. The final London HOL will then be submitted to the FPG for ratification before NEL publication.			
6.	AOB			
	None.			
7.	Date of next meeting			
	Whilst it was acknowledged that there was a preference for meetings not to be held on Mondays and Fridays, it was agreed that the next meeting date would be discussed with the FPG chairs once appointed and circulated via email.			NEL ICB - To circulate next meeting date