

Prescribing and Formulary Panel

Minutes of the meeting held on May 4th 2021 at the Oak MDT Room, PEH

Present

Geraldine O’Riordan, Prescribing Advisor and Chair (GOR)

Beverley Hall, Chief Pharmacist and visiting member (BH)

Douglas Wilson, Queens Road Medical Practice (DW)

Paul Williams, Island Health (PH)

Janine Clarke, Pharmacy Manager, HSC (JC)

Hamish Duncan, Medical Specialist Group (HD)

Peter Gomes, Medical Specialist Group (PG)

Apologies

Mike McCarthy, Healthcare Group (MMC)

Absent: Nikki Brink, States-employed Doctors and DPH (NB) and Tom Saunders, Medical Specialist Group (TS)

1: Minutes

The draft minutes of the April 2021 meeting were approved.

2. New Drugs

The following products were considered

Suprasorb P Sensitive Border

These dressings were requested by the CNS in Tissue Viability, to eventually replace Allevyn Gentle Border when pharmacy stocks are all used up. It was noted that they are 40% cheaper than Allevyn and that a trial was successful. The use of Mepilex Border, which cost nearly £70K in the last year will be restricted to the management of complex wounds and on the personal recommendation of the CNS in Tissue Viability only. JC reminded members that the Safe and Secure Handling of Medicine states that all trials must involve pharmacy.

Actions: GOR

2. Matters Arising

1. New NICE TA drugs

Noted by members.

2. Updated Home Oxygen Guidelines

The only change on the previous version was the addition of the Initial Home Oxygen Mitigation (IHORM) Form at the request of the Respiratory CNS. JC suggested that more prominence be given to the advice on Emollients. It was noted that a new Respiratory CNS post has been released to specifically support the rational use of oxygen. Education sessions in both Primary, Secondary Care and in specialities working at the interface are planned.

Action: GOR

3. Polypharmacy and Deprescribing Guidelines

The previous guideline recommended scrutiny of prescribing ezetimibe and PPIs, with some success. It also recommended scrutiny of drugs for symptom relief and suggestion of a “drug holiday” for patients on symptomatic treatment who still had symptoms and even for people who no longer had symptoms to check if the drug was still needed. There was a general discussion about this issue and all present agreed that the 4 Discharge/Interface pharmacy posts will be important to get onto of this problem. After a discussion it was agreed to work with Dr Saunders on a wider-ranging update.

Action: GOR

4. Raviluzumab

This is a chemotherapy agent being provided on a compassionate basis to a Guernsey patient by the drug company. Pharmacy has capacity to support this treatment for the patient, so NFA is needed at this point.

Action: JC/GOR

3. Any other business

Pain Services Checklist for Prescribing Opioids

JC and Mrs Katie Bassett, the Nurse Consultant in Pain Management developed this tool for GPs when their patients are initiated on long-term opioids in Secondary Care. The form includes the indication and details of discussions between the patient and the prescriber including the likely outcome. The emphasis now is very much on people managing and living with their pain, as opposed to stopping it completely with prescribed drugs. Primary Care will decline to repeat prescribe opioids prescribed in Secondary Care unless the request is accompanied by this form.

Actions: GOR

4: Date of next meeting: Tuesday June 1st at 5pm in the Oak MDT Room, Princess Elizabeth Hospital