

**FOI Request: Formulary**  
**Our Reference Number: 1314025**

**1. Confirm that the CCG has a working formulary**

The formulary is currently being developed. Some chapters have had board approval, others are in process.

**2. Will the CCG be utilising an existing formulary or developing their own**

Developing our own formulary.

**3. Has the formulary been developed from another organisations formulary or guidelines**

No

**4. If you have no formulary guidelines in place, do you have any plans to develop a formulary or guidelines**

N/A

**5. Do you have an electronic copy of the formulary**

Yes (for those chapters that have been approved so far)

**6. Does the formulary cover both primary and secondary care or are there two formulary's**

Yes

**7. How can GP's access the formulary**

Website

**8. Is adherence to the formulary monitored**

Yes

**9. Can you please provide me with the latest copy of the CCG drug formulary or the old PCT formulary**

The old PCT formulary is available here: [http://www.southessex.nhs.uk/content.asp?page\\_id=533](http://www.southessex.nhs.uk/content.asp?page_id=533)

Please find attached the chapters approved by the CCG so far:



Chapter 4. CNS.May-2012.pdf    SEE December-12. BNF CHAPTER 5 infec- Endocrine Sep-11.p  
Formulary Chapter 6 Sep-11 Chapter 7 Obstetrics Gynaecolo  
Ostomy accessories. March 2013.pdf

**10. If you do not produce a formulary but use one from another trust, please indicate which and supply a copy or access.**

N/A

**11. Do you have a list of the committee members for the formulary committee and could you please provide a copy**

There is no formulary committee

**12. Do you have a review date for the next scheduled update of the formulary**

The formulary is updated as necessary in line with new drug introductions, changes to guidance etc.

**13. Which other organisations use your formulary**

Southend Hospital

**14. I would also like to ask if the CCG has a skin and or wound care formulary and if so I would like to request a copy/access to this**

No

**15. Do you operate a traffic light system**

This is currently being worked on.

**16. Do you have a setoff prescribing guidelines pertaining to skin illness and if so please can I have a copy/access**

No

**17. Do you share your skin/wound care protocols with any other primary or secondary care organisation**

N/A