Nottinghamshire Area Prescribing Committee

Annual Report 2016-17

EXECUTIVE SUMMARY

The Nottinghamshire Area Prescribing Committee (APC) works collaboratively with a number of different stakeholders* across Nottinghamshire to make recommendations on the safe, clinical and cost effective use of medicines. We have successfully been doing this since 2007 and continue to maintain strong engagement with our member organisations producing well defined and robust prescribing resources to support our prescribers. These resources include two fully interactive and live websites; www.nottinghamshireformulary.nhs.uk and www.nottsapc.nhs.uk as well as a large array of guidelines, formularies and prescribing information sheets to assist our clinicians (primary and secondary care) and their patients with making prescribing decisions.

Key Achievements in 2016-17

- We have had 6 quorate meetings (see Appendix 1 for meeting attendance).
- 88 medicines were reviewed as part of horizon scanning, 34 requests were reviewed to change the traffic light classification or were classified as part of formulary maintenance and 18 new medicine requests for inclusion in the formulary were considered, 2 of which went straight to APC and 16 were firstly reviewed by the Joint Formulary Group. Furthermore there was one appeal against a previous decision.
- 33 guidelines/shared care protocols/other prescribing documents were approved, 12 of which were *new* (see Appendix 2 for full details).
- We have contributed to the patient safety agenda by supporting the development of a DOAC patient alert card and a medicines and falls chart.
- We have continued to support the QIPP agenda by;
    - Identifying cost saving opportunities (predominantly from the decommissioning of liothyronine in hypothyroidism for all patients)
    - Clarifying prescribing responsibility of fluoride products
    - Facilitating the switch of sevelemer products to the more cost effective salt.
    - Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the Joint Formulary Group)
    - Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
    - Continued adherence to the CCG financial mandate thresholds.

- Continued work with a patient representative to ensure patient views are considered for APC decisions.
- Launch of an online reporting mechanism for primary care to raise prescribing queries with SFHFT to support the safe prescribing practices for patients.
- Keeping abreast of the recently established Regional Medicines Optimisation (MO) Committees agenda.

*The Nottinghamshire APC is a partnership committee with clinical representation from;
- Nottingham University Hospitals NHS Trust (including Nottingham Treatment Centre)
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- NHS Nottingham City CCG
- Nottingham CityCare
- NHS Mansfield & Ashfield CCG
- NHS Nottingham North & East CCG
- NHS Rushcliffe CCG
- NHS Nottingham West CCG
- NHS Newark & Sherwood CCG
- Public Health Nottinghamshire County and Nottingham City
- Nottinghamshire Local Medical Committee
- Nottinghamshire Local Pharmaceutical Committee

Stakeholder survey

Completion of the stakeholder survey during June and July 2016 returned 248 responses. Some positive feedback included:

- 71% of responders said they receive the correct amount of information from bulletins or emails regarding the APC or the Joint Formulary
- The majority of responders use the APC and Joint Formulary websites on a weekly basis, with 27% accessing the APC site and 23% accessing the Joint Formulary.
- 49% of respondents find it easy or very easy to navigate the APC website and 45% of respondents find it easy or very easy to navigate the Joint Formulary website
- 74% of respondents said they find the APC website useful or very useful and 69% of respondent said they find the Joint Formulary site useful or very useful

From the analysis the following areas are highlighted as areas for further investigation and action:

- Review distribution lists to ensure the survey is being sent to the right people next time.
- Review whether further action is required to improve response rates from target audience categories e.g. Junior Doctors
- Identify ways of increasing transparency of APC decision making
- Take action to promote the work of the APC

Financial implications for the Nottinghamshire healthcare economy of APC decisions

For the fourth year running the APC has only approved medicines for use that fall within the Nottinghamshire CCGs agreed mandate financial budget unless prior consultation and approval has been sought. Decisions made by the APC have continued to support the CCGs challenging QIPP targets for making savings on the prescribing budget. Implications quoted are for a full 12 months, See Appendix 4 for full details.

One submission which carried a risk of exceeding the CCG mandate was Ulipristal. Although the APC considered its use clinically appropriate it was felt that the financial risk together with the potential change in activity warranted a business case being submitted to the CCGs by the clinician.

Type of implication	Number of decisions	Cost implication
Cost avoidance	3*	£26K
Cost neutral or unknown	10	NA
Savings	4	£767K
Cost pressure	9	£56K

***via rejection of formal submissions, cost avoidance through horizon scanning and adding new agents as GREY is not possible to predict.**

	M&A CCG	N&S CCG	NNE CCG	NWC CCG	R CCG	City CCG
Savings	£144,415	£100,661	£114,521	£49,187	£94,689	£144,415
Cost avoidance	£4,717	£3,276	£3,742	£2,374	£3,096	£4,717
Cost pressure	£10,246	£7,108	£8,118	£4,755	£6,718	£10,246

Savings
Potential savings of £767K have been identified from APC recommendations which has been an increase on those identified last year. The majority of these savings have come from the decommissioning of liothyronine for hypothyroidism, the restriction on the use of nefopam and the work around prescribing for cows milk allergy.
Some savings are difficult to predict as they are dependent on CCG implementation such as the addition of Braltus inhaler.

Cost avoidance
Cost avoidance comes about when:

- a medicine (either a new medicine or clinical indication) is not accepted on to the formulary or it is given a 'grey' or 'grey awaiting submission' classification or
- a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

Examples of cost avoidance include the rejection of Binosto tablets and Nepafenac eye drops onto the formularyand the decommissioning of Combivent nebules.

Cost neutral
An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community. For example:

- The approval of safinamide which will be an alternative to using 2 separate agents
- The addition sodium chloride 5% eye ointment which reflects current practice and prescribing in primary care.
- The addition of Cortiment which is an alternative to a similarly priced unlicensed preparation.

Cost pressure
Decisions made by the APC during 16-17 resulted in a potential cost pressure of £37K. The majority of the cost pressure is driven by positive NICE TAs where there is a legal requirement for organisations to fund treatment within 90 days of being published; for example Degaralix and Entresto.
For some cost pressures it is difficult to predict impact as the agents are new and activity level is not yet known.

Challenges faced by the APC

Development and subsequent implementation of Shared Care Protocols for Amber 1 medicines has proved challenging this year due to the changing ways of working within primary care. We have engaged with both primary and secondary care colleagues to understand the issues and look to agree a way forward. This area will continue to be a challenge to the APC in terms of maintaining up to date resources to give assurances to primary and secondary care that patients are being managed appropriately and we will continue to flag this as an issue.

We have struggled to secure GP representation from the south CCGs on the committee although we have been well supported by North and City CCGs and LMC GP representatives. We have approached the CCGs individually and will continue to do so during 2017/18.

We have also seen some changes to the membership of the committee with the Specialist Interface & Formulary Pharmacist (SIFP) resource being reduced due to vacancy. The APC recruited to the post in November 2016 and are now back to full capacity. The APC manager left in September 2016 with the post not being replaced. The Prescribing Interface Advisor has incorporated that role into existing responsibilities. The impact of this gap in the team will be assessed over the next 12 months.

Future Priorities for 2017-18

The APC has identified a number of priorities to take forward during 2017-18. Many of these will include the on-going support to QIPP and new models of care within primary care. The local CCGs are in financial turnaround so the APC will aim to support the recovery process however it can.

We will also;

- Monitor the implementation of the RMOCs and adapt our ways of working to fit with that agenda.
- Assess the needs of the newly established STPs locally and adapt accordingly.
- Continue to maintain good membership and aim to encourage new members, particularly GPs.
- Maintain an up to date and user friendly formulary and continue to promote its content.

Acknowledgements

The APC would like to thank all who have either worked with us to produce documents or who have taken part in any consultation the APC has carried out. They are too numerous to mention individually but they make a significant contribution to the working of the APC.

We would like to specifically thank Nicky Bird, APC manager and Senior Prescribing Advisor, Felicity Armitage, LMC representative and Daniel Shipley, interim Interface and Formulary Pharmacist.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2016/17

Name of Representative	Role within Organisation	Organisation	Organisational Attendance Record					
			May	July	Sep	Nov	Jan	Mar
Judith Gregory	Assistant Chief Pharmacist	Nottingham University Hospitals NHS Trust	✓	✓	✓	✓	✓	✓
Dr Sachin Jadhav	Chair NUH DTC							
Deborah Storer (Deputy)	Medicines Information Manager and D&T Pharmacist							
Dr David Kellock	SFHFT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓	✓
Steve May	Chief Pharmacist							
Steve Haigh (Deputy)	Medicines Information & Formulary Pharmacist							
Dr Rachel Sokal	Consultant in Public Health	Public Health Nottinghamshire County & Nottingham City	X	✓	✓	X	X	X
Dr Mary Corcoran (Deputy)	Consultant in Public Health							
Dr Kate Allen (Deputy)	Consultant in Public Health							
Tanya Behrendt	Deputy Head of Medicines Management	NHS Nottingham City Clinical Commissioning Group	✓	✓	✓	✓	✓	✓
Dr Esther Gladman	GP prescribing lead							
Nicky Bird (Until Sep 16)	Senior Prescribing Advisor	NHS Nottinghamshire County Clinical Commissioning Groups	✓	✓	✓	✓	✓	✓
Dr Khalid Butt	GP -County CCGs (North)							
Dr Arjun Tewari	GP- County CCGs (South)							
Laura Catt	Prescribing Interface Advisor							
Ankish Patel	Community Pharmacist	Local Pharmaceutical Committee	X	✓	X	✓	X	X
Dr Felicity Armitage	GP	Local Medical Committee	✓	✓	✓	✓	✓	✓
Dr David Wicks (From September)	GP							
Jim Quinn	Practice development nurse	Nottingham CityCare	✓	✓	✓	X	X	✓
Sarah Northeast (from March 17)	Advanced Nurse Practitioner							
Lisa Fitzpatrick (Deputy)	Medicines Management Pharmacist							
Karen Chadwick (Deputy)	Senior Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	X	✓	X	✓	✓
Matthew Elswood	Chief Pharmacist							
Julie Hankin	Medical Director							
Amanda Roberts	Patient Representative		✓	X	✓	✓	X	✓

Appendix 2 - 2016-17 APC RATIFIED DOCUMENTS

Date of Meeting	Title	SCP / Guideline / Other	Update or new
May 2016	Medicines and Falls Chart	Guideline	New
	Azathioprine SCP for children with IBD	SCP	New
	Ciclosporin Eye Drops	Information Sheet	New
	Male LUTS	Guideline	Update
July 2016	Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults	Position Statement	New
	Low Priority Medicines List	Guideline	Update
	Specialised formula for premature infants	Guideline	Update
September 2016	Guidance on the Diagnosis and Management of cow's milk protein allergy	Guideline	Update
	Allergic Rhinitis Pathway	Guideline	New
	Adult Headache Guideline	Guideline	Update
	Neuropathic Pain for adults in Primary Care	Guideline	Update
	DOAC patient alert card	Patient information	New
	Monitoring osteoporosis treatment with oral	Information sheet	Update
	Osteoporosis guideline	Guideline	Update
Nov 2016	Vitamin D in children	Guideline	New
	Primary Care alcohol misuse Guideline	Guideline	Update
	Gynaecomastia Guidelines	Guideline	New
	Solar Keratosis Pathway	Guideline	Update
	Overactive Bladder Guideline	Guideline	Update
	Nefopam prescribing	Position statement	New
	Vitamin D in Adults	Guideline	Interim update
Jan 2017	UTI prophylaxis Guideline	Guideline	New
	Methotrexate for Gastroenterology	SCP	New
	Asthma in Adults	Guideline	Update
	COPD Guideline	Guideline	Update
	Atrial Fibrillation (Non-valvular): prescriber decision support on anticoagulation	Guideline	Update
March 2017	Continence Formulary and Guideline	Guideline	Update
	Ocular Lubricant Formulary	Guideline	New
	Diabetes Guideline	Guideline	Update
	Heart Failure Guideline	Guideline	Update
	Nebulised Colomycin Guideline	Guideline	Update
	Liothyronine for hypothyroid	Position statement	Update
	Smoking Cessation	Guideline	Update

Appendix 3

NOTTIGHAMSHIRE JOINT FORMULARY GROUP

ANNUAL REPORT 2016-2017

Introduction

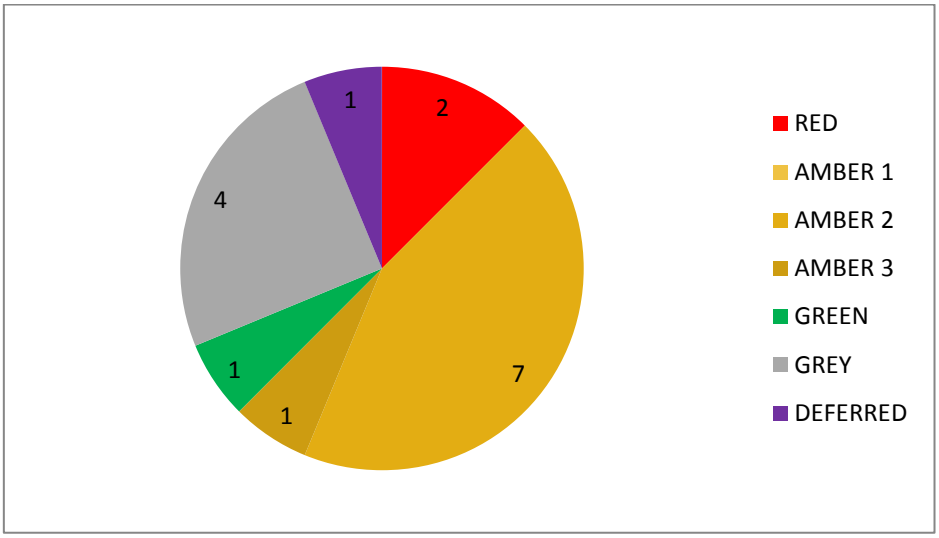
The Nottinghamshire Joint Formulary Group (JFG) is a sub-group of, and accountable to, the Nottinghamshire Area Prescribing Committee (APC).The group;

- Makes recommendations to the APC for the inclusion of medicines in the Nottinghamshire Joint Formulary and classification within the Nottinghamshire Traffic Light system.
- Develops and maintains the Nottinghamshire Joint Formulary.
- Carries out horizon scanning and informs the APC of changes to existing licenses and new moieties that could affect future treatments and have a financial impact for the Nottinghamshire Health Community.
- Develops, maintains and makes recommendation to the APC on guidelines & treatment pathways where they include medicines and may impact on the Nottinghamshire Joint Formulary.

There have been 5 meetings of the JFG held in the 2016/17 period with good attendance from all organisations. The December meeting was cancelled due to lack of agenda items.

Medication submissions & recommendations

16 new medications were considered by the JFG;

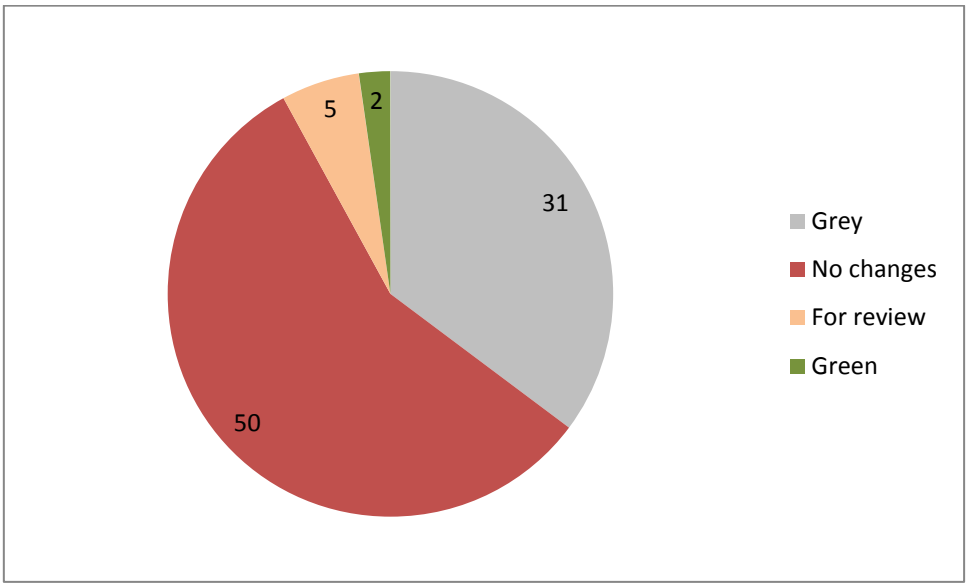


The NJFG considers submissions for new medicines submitted by primary or secondary care which are to be prescribed at the interface. An independent review of the evidence is carried out by the Specialist Interface and Formulary Pharmacist (SIFP) to inform decision making. Following consideration at JFG, recommendations for traffic light classifications are taken to the APC for ratification.
For information, all recommendations given by the JFG were accepted and carried forward by the APC (one was deferred to the APC).

Appendix 3
Horizon scanning

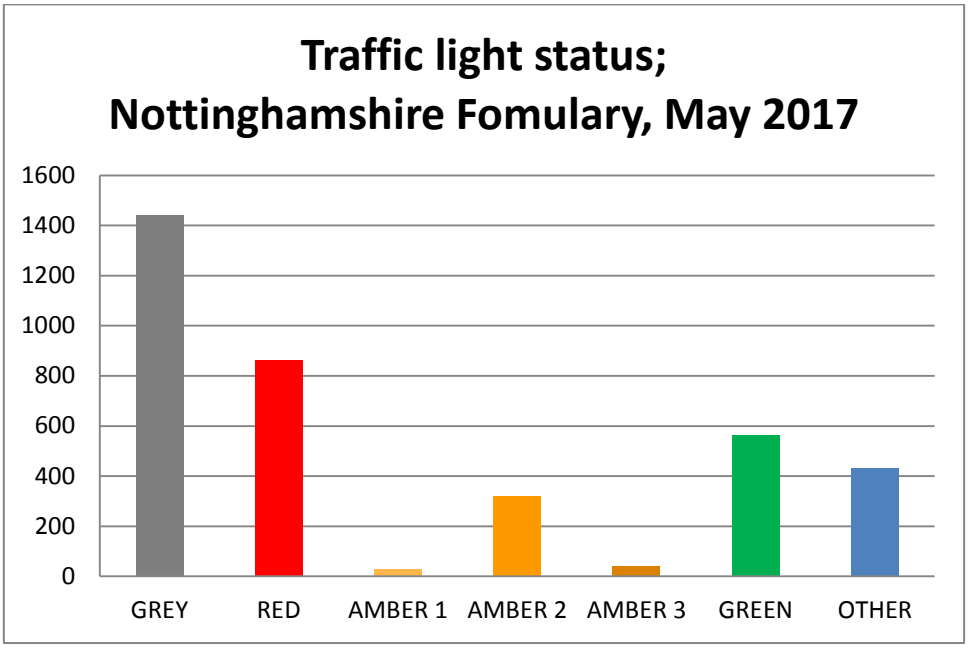
All new medicines, or new indications for existing medicines which may potentially have an impact on prescribing at the interface are reviewed pre-emptively by the NJFG. This is a way of managing the introduction of new drugs in a considered and effective way for the healthcare community.

It is worth noting that the JFG amended the approach to horizon scanning, with the interface pharmacists screening the medicines before they are discussed in the meeting. This means less medications are added to the formulary as GREY items per month, giving the group more time to focus on other items.

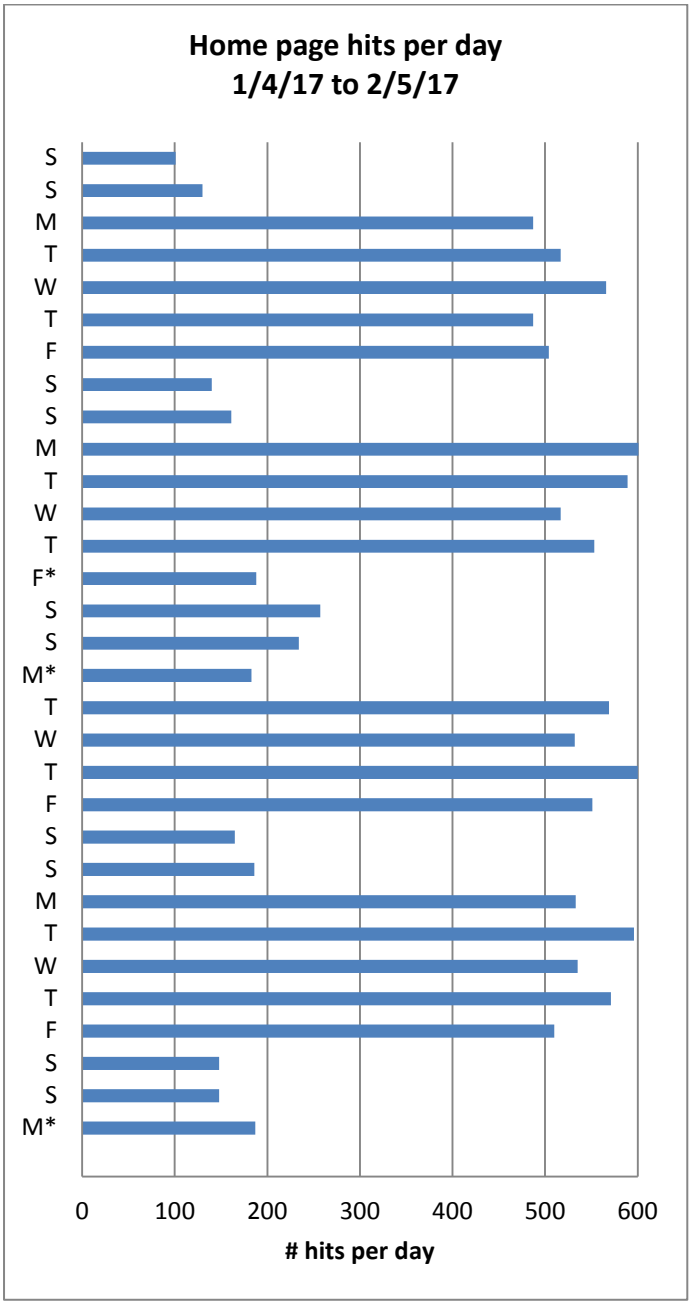


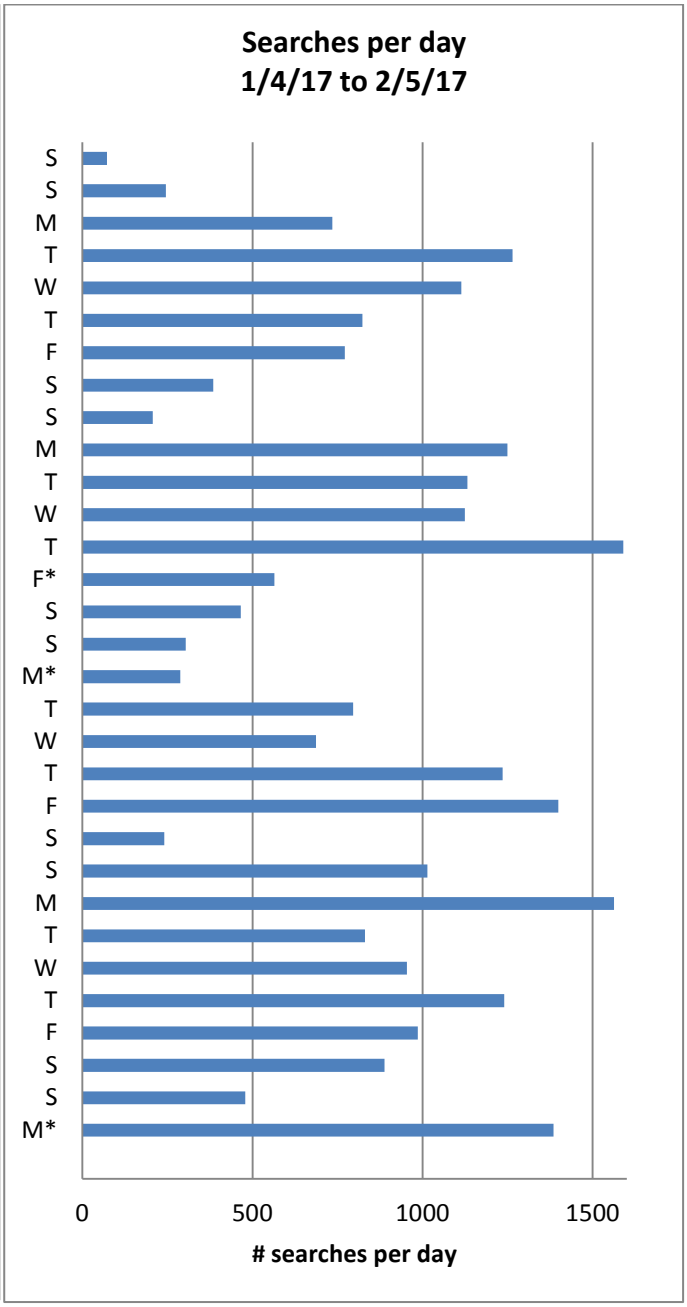
Classifications on the formulary

The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary;



Appendix 3
Formulary search information





#	Drug	Searches /10,000
1	Rivaroxaban	517
2	Melatonin*	447
3	Apixaban	420
4	Colecalciferol*	385
5	Cosmofer	324
6	Nefopam*	321
7	Lorazepam	306
8	Vitamin D*	294
9	Enoxaparin	279
10	Prednisolone	271

This data was collected 2/5/17. It is a representation of the top 10 searches (from the previous 10,000) on the Nottinghamshire formulary.
For interest, the medications with a * have been the topic of conversation during at least one meeting over the previous year.

Appendix 3

Future Priorities of the NJFG

1) The managed introduction of new medicines remains a key priority, encompassing formulary applications and horizon scanning activities. Key stakeholders will be engaged with at an earlier stage to increase knowledge of formulary and APC processes.

2) To pursue formulary rationalisation in identified key areas. These include eye drops for glaucoma and the treatment of dry eyes, as well as the updating of the emollient and wound care formularies.

3) To develop more links with specialists from all trusts as well as primary care clinicians to improve and widen engagement and consultation when considering new additions to the formulary.

4) To adapt and develop the group in response to any national changes which may come about following the development of the regional Medicines Optimisation Committees

5) To encourage the submitting clinicians to play more active roles in discussions by attending meetings to present the submission and answer any queries.

Meeting Date	Drug	Indication	TL Class'n	Type of class'n	NICE TA	Overall cost implications for the Nottinghamshire Health Community (Cost pressure, cost neutral, saving, cost avoidance)	Quantify financial impact primary care (annual)	prediction based on?	Cost implications Primary Care						Quantify financial impact, secondary care (annual)	Cost Implications Providers				Public Health	Notes
									M&A (18.3%)	N&S (12.7%)	NNE (14.5%)	NWC (9.2%)	Rush' (12%)	City (33.4%)		NUH	SFHT	NHCT	Citicare	PH	
19/05/2016	Alprostadil cream (Viteros)	erectile dysfunction	Amber 2	new submission	no	cost pressure	£7,732	predicted use in 20 patients per year, minus current use over past 12 months. A further option	£1,415	£982	£1,121	£711	£928	£2,582							
19/05/2016	Nutilis clear	thickening powder	Green	new submission	no	cost pressure	£7,101	spend on Nutilis in the last 12 months, replaced by Nutilis clear, county data extrapolated to City	£1,300	£900	£1,030	£653	£852	£2,370							
19/05/2016	Sacubitril/Valsartan (Entresto)	Heart Failure	RED	new submission	Yes																
21/07/2016	Loteprednol eye drops	glaucoma	amber 2 from red not approved	formulary amendment	no	cost neutral	no activity currently	licensed for post op use only so not appropriate for primary care prescribing													
21/07/2016	sevelemer																				
21/07/2016	dymista																				
21/07/2016	calcium carb sol	hyperphosphatemia in children	red	new submission	no	cost neutral, avoidance for primary care															
21/07/2016	Guanfacine	ADHD	red	new submission	no	cost avoidance to primary care									cost pressure£10K			£10K			
21/07/2016	Nepafenac eye drops	macular oedema	grey	new submission	no	cost avoidance	£11,500		£2,100	£1,460	£1,668	£1,058	£1,380	£3,840							
21/07/2016	Denosumab	osteoporosis	Amber 2 for Rushcliffe CCG only	new submission	no	cost pressure to rushcliffe only	£1,830	based on 5 patients per year					£1,830		cost saving to the trusts of £1,830						
15/09/2016	Aviptadil	erectile dysfunction	Amber 2	new submission	no	cost neutral		similar price to caverject													
15/09/2016	Lurasidone	Antipsychotic	red	new submission	no	cost pressure to NHCT only									cost pressure to NHCT £11,000 based on 10 patients per year			£11K			
15/09/2016	Binosto	osteoporosis	grey	new submission	no	cost avoidance	£14,300	based on 50 patients per year	£2,617	£1,816	£2,074	£1,316	£1,716	£4,776							
15/09/2016	Brivaracetam	epilepsy	amber 2	new submission	no	cost pressure	£16,000	based on 10 patients continuing long term, however some may be outside Nottinghamshire	£2,928	£2,032	£2,320	£1,472	£1,920	£5,344							
15/09/2016	Cortiment	IBD	amber 2	new submission	no	cost neutral		based on patients being treated with Cortiment as opposed to unlicensed Budenofalk or Enterocort as per current practice.													
15/09/2016	Duleglutide	Diabetes	amber 2	new submission	no	cost neutral		similar price to exenatide													

15/09/2016	Taptiquom	glaucoma	amber 2	new submission	no	cost neutral		similarly prices to giving 2 components separately											
15/09/2016	Ultibro breezhaler	COPD	grey	new submission	no	cost neutral		no activity											
17/11/2016	safinamide	parkinsons	amber 2	new submission	no	cost neutral		predicted to take the place of 2 separate agents so cost neutral											
19/01/2017	methenamine	UTI prophylaxis	amber 2	new submission	no	cost neutral		predicted patient numbers are approximately equivalent to current primary care use.											
19/01/2017	Degaralix	Prostate cancer	amber 2	review from red following place in therapy established	yes	cost pressure	12K	approx 5-10 patients per year. Some savings could be realised by CCGs if the manufacturers rebate was accepted.	2,196	1,524	1,740	1,104	1,440	4,008					
19/01/2017	Ulipristal	Uterine fibroids	referred to contracting for a business case due to potential activity changes.																
19/01/2017	methotrexate	IBD	amber 1	review from red	no	cost pressure	£75	approx 75 patients per year, drug cost is minimal.											
19/01/2017	Braltus inhaler	COPD	green	new branded generic	no	cost savings	hard to predict	dependent on CCG implementation and switch plans.											
19/01/2017	Fluoride products	oral health	amber 2	review from green with clarity	no	cost saving	£7,285.35	actual spend over the last 12 months	£1,181	£1,258	£1,030.00	£660	£765	£2,387					
16/03/2017	liothyronine	hypothyroid	grey	reviewed from amber 2	no	cost saving	£337,050	actual spend over the last 12 months	61,680	£42,805.350	£48,872.25	£20,897.10	£40,446.00	£112,574.700					
16/03/2017	Entresto	diabetes	amber 2	review from red following place in therapy established	yes	cost pressure	difficult to predict patient numbers as this is a new option												
16/03/2017	nefopam	pain	amber 2 with restrictions	review from green	no	cost saving	£445,648	50% reduction from current prescribing	81,554	£56,597.296	£64,618.96	£27,630.18	£53,477.76	£148,846.432					
16/03/2017	pilocarpine	sicca symptoms	amber 2	new submission	no	cost pressure	£13,152	estimated 12 patients per year	2,407	£1,670.304	£1,907.04	£815.42	£1,578.24	£4,392.768					
16/03/2017	sodium chloride eye oint 5%	recurrent corneal errosions	amber 2	reviewed from red to reflect current practice	no	cost neutral		reflection of current prescribing practice	0	£0.000	£0.00	£0.00	£0.00	£0.000					

cost pressure	£10,246	£7,108	£8,118	£4,755	£6,718	£18,697
cost saving	£144,415	£100,661	£114,521	£49,187	£94,689	£263,808
cost avoidance	£4,717	£3,276	£3,742	£2,374	£3,096	£8,616
overall	£138,886	£96,828	£110,145	£46,806	£91,067	£253,727