

Nottinghamshire Area Prescribing Committee

Annual Report 2015-16



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 2015-16

- We have had 6/6 quorate meetings during 2015-16 (see Appendix 1 for meeting attendance).
- 164 *new* medicines were reviewed as part of horizon scanning, 34 *new* medicines were reviewed to change the traffic light classification or were classified as part of formulary maintenance and 32 *new* medicine requests for inclusion in the formulary were considered.
- 18 guidelines/shared care protocols/other prescribing documents were approved, 8 of which were *new* (see Appendix 2 for full details).
- We completed our 2014-2015 development action plan which included a review of our Terms of Reference, identifying measures of effectiveness for the APC and supporting our members to maintain their competency for APC decision making processes.
- We have contributed to the patient safety agenda by developing patient held asthma and COPD management plans and have provided extra communication to wider stakeholders about changes to the antibiotic management of urinary tract infections based on local resistance patterns.
- We have continued to support to the QIPP agenda by;
 - Identifying cost saving opportunities (predominantly from the influx of new inhaler devices)
 - 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.

*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

Financial implications for the Nottinghamshire healthcare economy of APC decisions

For the third 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. See Appendix 4 for full details.

Type of implication	Number of decisions	Cost implication
Cost avoidance	157*	£78,120
Cost neutral or unknown	23	N/A
Savings	7	£999,432
Cost pressure	12	£379,471**

*(153 from horizon scanning) ** (£301,396 associated with NICE TA)

	M&A CCG	N&S CCG	NNE CCG	NWC CCG	R CCG	City CCG
Savings	£377,264	£214,873	£261,465	£168,043	£201,503	£261,879
Cost avoidance	£17,245	£14,533	£10,159	£5,270	£9,627	£21,068
Cost pressure	£89,257	£61,943	£70,721	£46,170	£58,530	£162,909

Savings

Potential savings of £999K have been identified from APC recommendations which is an increase on those identified last year. The majority of these savings have come from actively including cost effective formulations of fluticasone/salmeterol combination inhalers (Sirdupla®) and Budesonide/ formoterol DPI (DuoResp Spiromax®) onto the formulary.

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.

Cost avoidance was less in 2015-16, primarily because there were less high impact medicines that were new to the market this year. The largest contributor to cost avoidance was Xultophy®, a new combination insulin product and colesevalam for bile acid malabsorption which the APC classified as grey. Furthermore the Amber 2 classification of biosimilar insulin glargine (Abasaglar®) also led to potential cost avoidance.

Cost neutral

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

- Depot aripiprazole and midodrine; where a change to their traffic light classifications moved the prescribing cost from secondary care to primary care. The overall prescribing cost to the health community as a whole was neutral and this shift releases savings by reducing hospital activity and improving access to the medication for patients.

Cost pressure

Decisions made by the APC during 15-16 resulted in a potential cost pressure of £379,471. 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.

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 2016/17.

We have also seen some changes to the membership of the committee in that the long standing Chair has moved to a new post and the Specialist Interface & Formulary Pharmacist (SIFP) resource has been reduced due to maternity leave and a change in role (1.2WTE funded with currently 0.6WTE in post). We have appointed a new Chair for the committee but as yet have not been able to recruit to the SIFP role despite going out for advert several times. We are monitoring the effect of this closely to the efficiency of the committee (and the Nottinghamshire Joint Formulary Group).

Future Priorities for 2016-17

The APC has identified a number of priorities to take forward during 2016-17. Many of these will include the on-going support to QIPP and new models of care within primary care and we will be carrying out our third stakeholder survey to understand the needs of our prescribers (primary and secondary care) in relation to the changing NHS landscape and what outputs they would like to see from the APC.

We will also;

- Continue to work with a patient representative to identify a robust and meaningful way of obtaining patient views for APC decisions.
- Launch an online reporting mechanism for primary care to raise prescribing queries with SFHT to support the safe prescribing practices for patients.
- Share good practice and celebrate success of innovative use of the Nottinghamshire Joint Formulary.
- Identify impact of the recently announced Regional Medicines Optimisation (MO) Committees to the work of the APC and review systems and processes appropriately.

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.

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