

Nottinghamshire Area Prescribing Committee

Annual Report 2022-23



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, live websites; www.nottinghamshireformulary.nhs.uk and www.nottsapc.nhs.uk which provide 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 2022-23

- We have had 11 quorate meetings as per the committee Terms of Reference.
- 82 medicines were reviewed as part of horizon scanning and 48 formulary entries reviewed and discussed as part of formulary maintenance. Furthermore the team make minor amendments to numerous entries outside of meetings on a daily basis.
- 27 new medicine requests for inclusion in the formulary were considered. 3 submissions were following a positive NICE TA.
- 88 guidelines/shared care protocols/other prescribing documents were approved; 9 of which were new documents (see Appendix 2 for full details). This is an increase of around 50% compared to the volume last year.
 - Development or updating guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the documentation itself.
- We have contributed to the patient safety agenda by developing shared care for sodium valproate, working through implementation of amiodarone shared care and updating the respiratory self-management plans. Also by keeping abreast of and acting on patient safety alerts.
- We have supported antimicrobial stewardship by ensuring our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns. This has included the review and updates of 45 antimicrobial guidelines this year.
- We have continued to support the Quality, Innovation, Productivity and Prevention (QIPP) agenda by;
 - Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the APC Formulary meetings)
 - Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
 - Continued adherence to the Integrated Care Board (ICB) financial mandate thresholds.
- Continued work with patient representatives to ensure patient views are considered for APC decisions. This has included the production of 4 new patient guides.
- Keeping abreast of the work of the Regional Medicines Optimisation Committees (RMOC) including involvement in the shared care working group and starting to implement standardised shared care.

*The Nottinghamshire APC is a partnership committee with clinical representation from;
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- Nottingham CityCare
- NHS Nottingham and Nottinghamshire ICB

Financial implications for the Nottinghamshire healthcare economy of APC decisions

The APC has only approved medicines for use that fall within the Nottinghamshire ICBs agreed delegated authority with regards to financial budget, unless prior consultation and approval has been sought. Decisions made by the APC have continued to support the ICBs challenging efficiency targets for making savings on the prescribing budget. Cost implications quoted are for a full 12 months, See Appendix 4 for full details.

Type of implication	Number of decisions	Cost implication to primary care
Cost avoidance*	3	Unable to quantify
Cost neutral or unknown	3	NA
Savings	9	£635,350
Cost pressure	13	£284,584

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

Cost savings, despite being highlighted as potential savings require capacity within Primary care to deliver on such savings through active switches. This capacity has been vastly reduced with increased workload pressures and changing priorities for Primary care.

Savings

Potential savings to the IBC prescribing budget of over £635K have been identified from APC recommendations. The majority of this saving potential has come from the inclusion of cost-effective inhaler brands. However, such savings are difficult to predict as they are dependent on implementation such as switches and implementation at source by the initiating specialists.

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.

The majority of cost avoidance comes from thorough and regular horizon scanning to manage entry of new products onto the formulary, often assigning a grey classification.

Cost neutral

An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community. For example, where a new product is priced the same as an existing one which it will replace.

Cost pressure

Decisions made by the APC during 22-23 resulted in a potential cost pressure of £284K. The biggest cost pressures during this year have been as a result of NICE TA publications - depagliflozin in CKD and Icosapent ethyl for reducing the risk of cardiovascular events in people with raised triglycerides. NICE TAs are mandated, however the APC still have a responsibility to highlight the cost implications to the health community and to assess the most appropriate place in therapy and setting for use.

Challenges faced by the APC

The APC has again struggled this year to recruit members from community pharmacy, public health or medical representation from NUH. However PCN pharmacist representation has been successfully recruited. Furthermore the longstanding chair as well as one of the GP representatives stepped down and replacements have not yet been possible to find.

Development and subsequent implementation of Shared Care Protocols for Amber 1 medicines has proved challenging for several years due to the increasing financial challenges and workload 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.

A particularly challenging example is Attention Deficit Hyperactivity Disorder (ADHD) in both children and adults. However following collaboration with the specialists clinics, GPs and the newly developed adult service, the APC is confident that patients will now follow a smoother and more equitable pathway.

Future Priorities for 2023-24

As the health community comes together across the Integrated Care System (ICS) and adopts more system wide working, the committee will need to adapt and may be required to reflect on membership as well as reporting.

Specific examples of work for this year include the continued adoption and incorporation of the RMOC suite of shared care documents and continued work to contain the rising costs of melatonin.

A committee development day in February 2023 highlighted the need for increased communications as well as committee member development to maintain the necessary skills required.

To be mindful of the delegated responsibilities for specialised commissioning which are moving down to ICBs and to support the associated medicines management elements of this.

We will also;

- Encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies
- Continue to monitor the work of NHSE and adapt our ways of working to fit with that agenda.
- Assess the needs of the developing Integrated Care System (ICS) and Primary Care Networks (PCNs) locally and adapt accordingly.
- Maintain good membership and aim to encourage new members, particularly clinicians from secondary care.
- Maintain an up to date and user-friendly formulary and continue to promote its content.

- Continue to maintain relevant and up to date medicines guidance for use across the Health Community

The APC will continue to work on an ICS level and strive to include stakeholders from all organisations.

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.

Particular thanks to Steve May and Esther Gladman who both retired this year.

Appendix 2 – 2022-23 APC guidelines meeting RATIFIED DOCUMENTS

Meeting Date	Title	SCP / Guideline / Other	Update or new
May 2022	Lokelma update the formulary and update the Heart Failure Guidelines.	Guideline	Update
	Antimicrobial guideline - Acute Sinusitis	Guideline	Update
	Antimicrobial guideline - Chronic Bacterial Sinusitis	Guideline	Update
	Antimicrobial guideline - Dental Abscess	Guideline	Update
	Antimicrobial guideline - Dermatophyte infection	Guideline	Update
	Antimicrobial guideline - Urinary Tract Infection	Guideline	Update
	Antimicrobial guideline - Hidradenitis suppurativa (HS)	Guideline	New
	Domperidone for lactation stimulation	Information sheet	New
	End of Life	Guideline	Update
	Hypothyroidism in Pregnancy Primary Care	Guideline	New
	Male lower urinary tract symptoms	Guideline	update
	Alternatives to using an unlicensed “special”	Database	update
	Emollient formulary	Formulary	update
	Midodrine	Information sheet	update
July 2022	Antimicrobial guideline Blepharitis	Guideline	Update
	Antimicrobial guideline Community Acquired Pneumonia	Guideline	Update
	Antimicrobial guideline Tuberculosis	Guideline	Update
	Antimicrobial guideline Whooping Cough	Guideline	Update
	Antimicrobial guideline Influenza	Guideline	Update
	Antimicrobial guideline Otitis Externa	Guideline	Update
	Antimicrobial guideline Oral Candidiasis	Guideline	Update
	Testosterone for women	information sheet	NEW
	Nottinghamshire home oxygen pathway for cluster headaches	Pathway	update

	Overarching pain	guideline	NEW
	Naltrexone	Information sheet	update
	Out of area prescribing requests		Update
	Alcohol dependence	Guideline	Update
	Asthma - Greener inhalers position statement	Position statement	NEW
	Self-management plans, Bronchiectasis, Asthma, COPD	Information leaflet	2 updates, 1 NEW
September 2022	Amiodarone Shared Care Protocol	SCP	Update
	Acute Diverticulitis	Guideline	Update
	Amoebiasis	Guideline	Update
	Cryptosporidiosis	Guideline	Update
	Giardiasis	Guideline	Update
	Infectious Diarrhoea	Guideline	Update
	Threadworms	Guideline	Update
	Adult ADHD	SCP	Update
	Desmopressin	Prescribing Information Sheet	Update
	Freestyle Libre Inclusion Criteria and CGM Holding Statement	Position statement (holding statement)	Update
	Valproate medicines for patients of childbearing potential	SCP	New
	Special database	Database	update
	Antidepressants	Guideline	New
	Vitamin B12	Guideline	Update
November 2022	UTI in children	Guideline	Update
	Recurrent UTI	Guideline	
	Bacterial Vaginosis	Guideline	
	Chlamydia	Guideline	
	Trichomoniasis	Guideline	
	Crab lice	Guideline	
	Travellers Diarrhoea	Guideline	
	Lyme Disease	Guideline	
	Pityriasis Versicolor	Guideline	

	PVL	Guideline	
	Impetigo	Guideline	
	Threadworms	Guideline	
	Repatriation letter	letter	Other
	<i>Vitamin D</i>	PIL	update
	<i>Actinic (Solar) Keratosis Primary Care Treatment Pathway (NB)</i>	Pathway	update
January 2023	Vortioxetine Prescribing Information Sheet	Information sheet	new
	Gonorrhoeae	guideline	update
	Vaginal discharge in children	guideline	update
	Pelvic Inflammatory Disease	guideline	update
	Topical Tacrolimus for Facial Vitiligo	guideline	New
	Scabies	Guideline	Update
	Boils	Guideline	Update
	Cutaneous Candidiasis	Guideline	update
	Urticaria Primary Care Pathway	Guideline	update
	Blood Glucose Test Strip Formulary and Criteria	Prescribing Information Sheet	update
	Overactive Bladder Guidelines	Guideline	update
	Enoxaparin Information Sheet	Prescribing Information Sheet	update
	Dexcom ONE Inclusion Criteria	Prescribing Information Sheet	New
	Incliseran	Prescribing Information Sheet	New
March 2023	• Cellulitis	guideline	Update
	Dermatophyte infection of the skin	guideline	Update
	• Head lice	guideline	update
	• Mould infections of the nail	guideline	update
	• Osteomyelitis	Guideline	update
	• Epididymitis +/- orchitis	Guideline	update
	• Prostatitis	Guideline	update
	Phosphate Binders Shared Care Protocol and Information Sheet (Update) (SW)	Guideline	update

	Restless legs Treatment Algorithm	Prescribing Information Sheet	update
	Constipation links to National Guidelines	Information Sheet	
	Declaration of Interest for member	Website update	update
	MART	Guideline	New
	Not all completed for March		

Appendix 3

NOTTINGHAMSHIRE APC Formulary Management **ANNUAL REPORT 2022-23**

Introduction

The Nottinghamshire Joint Formulary Group (NJFG) was a sub-group of the Nottinghamshire Area Prescribing Committee (APC). The group's main purpose was to lead the development, maintenance and review of the Nottinghamshire Joint Formulary. However, since membership of the NJFG was very similar to the APC, the subgroup was merged into APC in April 2023. From that point each monthly meeting was held as an APC meeting in accordance with APC terms of reference with focus alternating between guidelines and formulary each month.

The APC formulary work includes

- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary.
- Carrying out horizon scanning and informing the APC of changes to existing licenses and new treatments that could affect current treatment pathways.
- Predicting the financial impact for the Nottinghamshire Health Community before agreeing to introduce new products to the formulary.
- Developing, maintaining, and making recommendations to the APC on guidelines & treatment pathways where they include medicines and may impact on the Nottinghamshire Joint Formulary.
- Ensuring that decisions meet the Integrated care systems (ICSs) plan to deliver joined-up health and care services to improve the lives of people who live and work in the geographic location.
- The APC aims to ensure that communication between different professional groups across Primary and Secondary care occurs and that local medicines guidelines are aligned with the agreed practice.

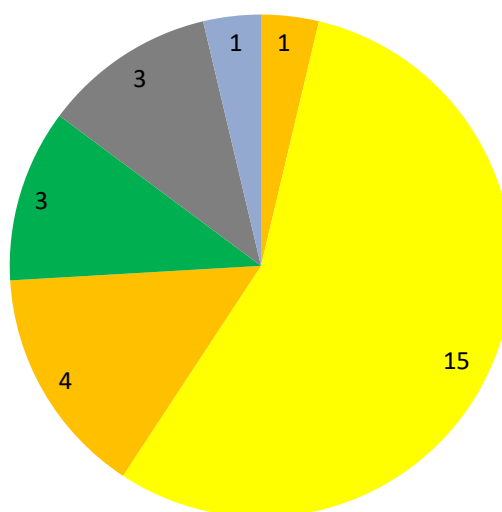
There have been five APC formulary meetings held in the 2022/23 financial year with good attendance from all organisations.

Appendix 3

Medication submissions & recommendations

Traffic light decisions from APC new applications and indications 2022/23

27 new medicine requests for inclusion on the formulary were considered and the traffic light classification is presented here.



■ Red
 ■ Amber 1
 ■ Amber 2
 ■ Amber 3
 ■ Green
 ■ Grey
 ■ Decision deferred

The APC considers requests for new medicines submitted by Primary or Secondary care which are to be prescribed across the interface. The process comprises an independent review of the evidence by the Specialist Interface and Formulary Pharmacists (SIFP). The findings are then presented to the committee for discussion and review to support informed decision-making.

When more clarification is required regarding the treatment pathway, implementation details or the financial impact across the area, the decision is deferred until all parties are satisfied with the outcome.

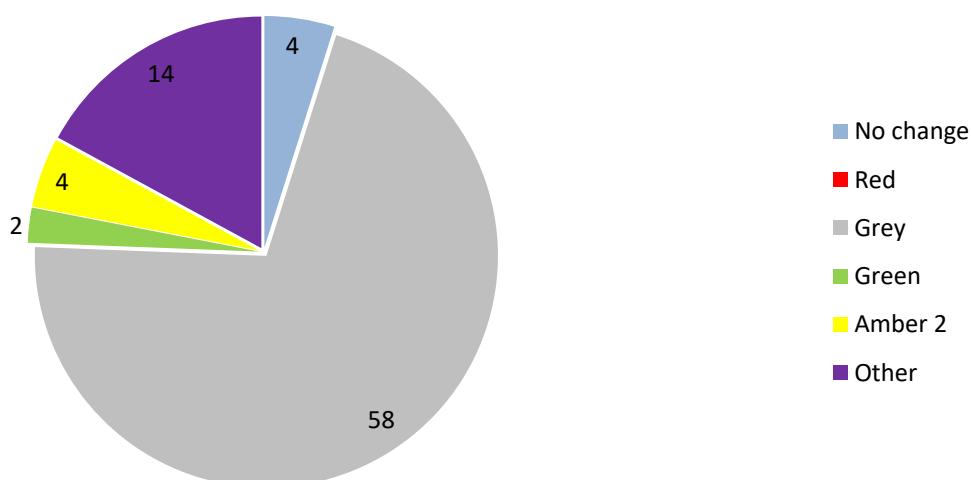
Appendix 3

Horizon scanning

All new medicines or new indications for existing medicines which may potentially have an impact on prescribing across the interface are reviewed by the APC. This is a way of managing the introduction of new medicines in a considered and effective way for the healthcare community.

A review of 82 medicines was completed as a result of horizon scanning at the APC formulary meetings in the past year. As part of this process new medicines or new licensed indications are reviewed and amendments to the formulary and current guidelines are identified and actioned by the ICB Interface team. This data is included in the chart below:

APC horizon scanning decisions 2022/23



Appendix 3

Formulary Amendments

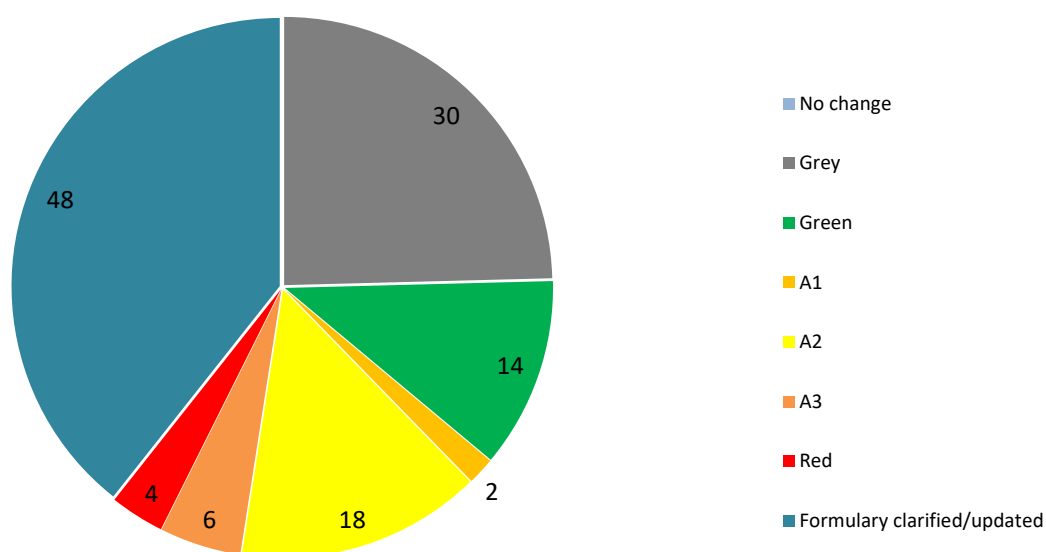
The APC collate and discuss any suggested amendments to the formulary which may include wording clarification, acting upon discontinuations or price changes or adding and amending pertinent safety, guidelines or pathway messages.

The suggested amendments mainly arise from the interface teams' formulary maintenance work, from practice-based pharmacists or Secondary care DTC colleagues.

122 suggested amendments were discussed by the APC.

The decisions agreed with regards to traffic light changes are shown in the chart below:

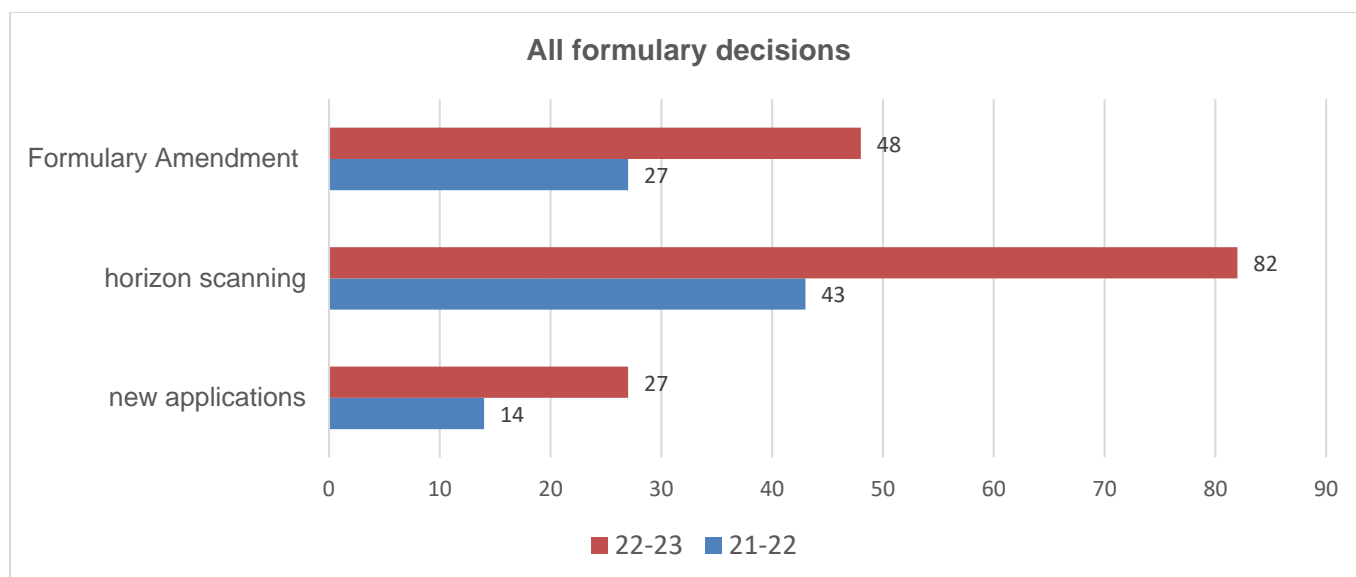
Formulary amendment decisions 2022/23



Nb "No change" relates to no traffic light change, however the formulary entry was amended in some other way.

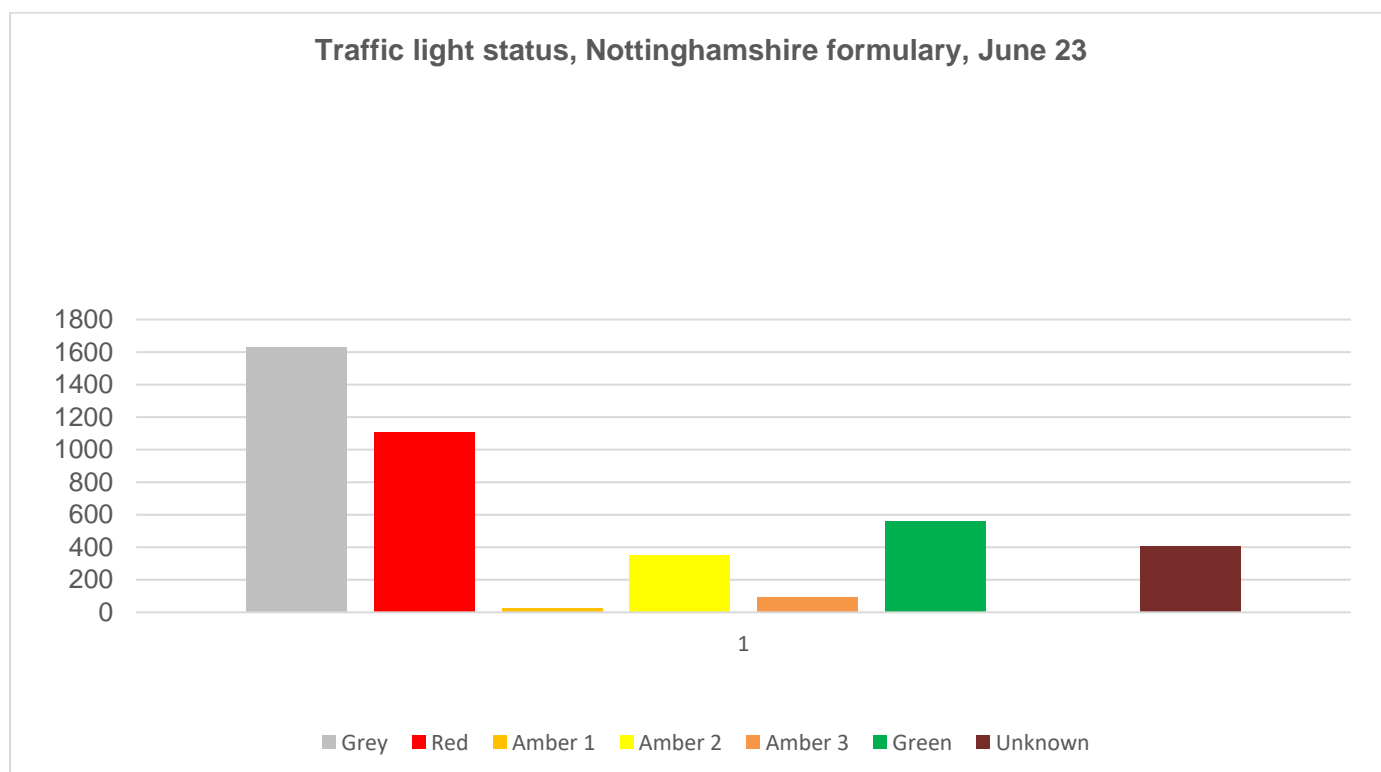
Appendix 3 Comparison of all formulary decisions made 21/22 to 22/23

The APC saw a significant increase in formulary decision recommendations, indeed the number of formulary decisions made and processed across all three areas rose by 86.9% compared to the previous 12 months.



Classifications on the formulary

There are 4179 entries on the formulary with a traffic light classification assigned. The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary:



Appendix 3

Challenges Faced by the Joint Formulary Group

- As the cost of pharmaceuticals increases the APC have increased pressure to ensure that decisions made do not fall outside the threshold agreed within the ICBs delegated authority. This has led to significant delays in implementing some decisions due to there being no clear process for approval.
- Delays to delivering new and updated guidelines have been a challenge due to difficulties in obtaining specialist clinical knowledge via engagement with specialists.
- There have been some delays to implementation resulting from the lack of capacity for some services i.e., the allergy clinic and tier 3 weight management service.
- Several members have stepped down from the APC; this has presented a challenge to obtain the correct balance of clinicians. The need for an additional Secondary care consultant to be present has been re-addressed with the Nottingham University Hospitals (NUH) DTC, NUH currently remains underrepresented.
- The Chair stepped down in January 2023, and Laura Catt, Prescribing Interface Advisor stepped into the role due as an interim measure to a lack of capacity from other members.
- During 22/23 the interface team faced multiple staff losses, these losses included the Specialist Mental Health Interface Pharmacist and the Specialist Interface & Formulary Pharmacist for NUH resigned from the NUH interfacing part of the role. This has had an impact on numerous work streams where Specialist's input has been required.
- To counter some of the reduction in the teams capacity, the APC Interface and Formulary Technician and the Specialist Interface Pharmacist for SFH increased their hours allowing the formulary amendments, horizon scanning and guidelines to be reviewed and completed in a timely manner. These increased hours will come to an end in July 2023.

Future Priorities of the APC Formulary Work

1. To facilitate communication between the service providers for equitable access to medications across the Nottingham and Nottinghamshire ICS.
2. To encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies.
3. To adapt and develop the work in response to any national changes which may come about.
4. To adapt in light of the developing Integrated Care System which may require more consideration of pathway development going forward. Including the inclusion of Bassetlaw CCG into the Nottingham and Nottinghamshire ICB.

Appendix 3

5. Contribute to [Delivering a 'Net Zero' National Health Service](#) by recognising the carbon impact of metered dose inhalers (MDIs) and other pharmaceutical products as part of the formulary decision-making process.

6. To support the Primary Care Networks (PCNs) in delivering high quality care by ensuring they have knowledge and access to the Joint formulary. To facilitate this process further the Interface team now deliver APC updates by way of recorded webinars and podcasts to the wider Medicine Optimisation team.

Appendix 4 - financial implications of APC decisions 2022-23

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?
Apr-22	Micronised Vaginal Progesterone	for Pregnant Women with a Threatened Miscarriage	Grey	new submission	no	cost avoidance	£414,400	1800 patients pa
Apr-22	guanfacine	adult ADHD	deferred to NHCT	new submission	no	cost neutral		no change to formulary, deferred for RED
Apr-22	rivaroxaban oral suspension	treatment and recurrence prevention of venous thromboembolism (VTE) in children.	Amber 2	new submission	no	cost pressure	£2,358.20	average course for 20 patients pa
Apr-22	empagliflozin	Chronic Heart Failure with Reduced Ejection Fraction	Amber 2	TA773	Yes	cost neutral		patient cohort already captured in dapagliflozin costings
Apr-22	dapagliflozin	CKD	Amber 2	TA775	yes	cost pressure	£59,000	6402 eligible patients in Nottinghamshire, but with an initial 2% uptake followed by a 5% uptake year on year to total uptake of 25% by year 5.
Apr-22	testosterone gel	low libido in post menopausal women	Amber 2	new submission	no	cost pressure	£2,000	50 patients pa
Apr-22	lokrelma	Hyperkalaemia in adults.	Amber 2	FA	no	cost pressure	£9,000	mid oint dose for estimated 6 patients pa
Apr-22	Clonidine 100mcg tablets	tics	Amber 2	FA	no	cost saving	£500	switch from alternative strengths for 10 patients
Apr-22	Tagamet® Syrup/Cimetidine 200mg/5 ml			horizon scanning, new product	no	cost saving	£400	switch from more costly SF liquid
Jun-22	Lenzetto estradiol transdermal spray	HRT	Green	new submission	no	cost pressure	cannot be predicted	added for times when alternatives are unavailable so usage is unpredictable
Jun-22	rufinamide	Epilepsy	Amber 2	formulary amendment from RED	no	cost pressure	£25,000	based on current secondary care use
Jun-22	clomipramine	narcolepsy	Amber 2	new submission	no	cost pressure	£500	5 patients pa, mid dose
Jun-22	venlafaxine	narcolepsy	Amber 2	new submission	no	cost pressure	£1,000	10 patients pa
Jun-22	Qlaira	Oral contraception	Amber 2	new submission	no	cost pressure	£1,636	15 patients pa
Jun-22	zoely	Oral contraception	Grey	new submission	no	cost avoidance	£1,287	15 patients pa
Jun-22	Tiogiva	COPD	Green	FA	no	cost saving	£30,000	50% switch from Spiriva
Aug-22	fenofibrate and bezafibrate	primary biliary cholangitis	Amber 2	new submission	no	cost pressure	£260	2 patients per year
	Icosapent ethyl	reducing the risk of cardiovascular events in people with raised triglycerides	Amber 2	TA805	yes	cost pressure	£90,000	50 patients estimated in year 1
	Pridinol	muscle pain	Grey	new submission	no	cost avoidance	unable to quantify	
	Ryaltris	moderate to severe nasal symptoms associated with allergic rhinitis	Amber 3	new submission	no	cost neutral		equivalent to alternative
Jun-22	continence sheaths			formulary update	no	cost saving	£2,250	10% uptake of cost effective choices
	Bupropion MR tablets (Zyban®)	resistant depression	Amber 2	Formulary amendment from RED	no	cost pressure	£615	movement of 50% patients
Oct-22	Trimbow high strength MDI	Asthma	Amber 2	new submission	no	cost saving	£200	limited patients on combination rather than separate inhalers
	Dexcom One	Diabetes	Amber 2 and Amber 3	new submission	no	cost pressure	265,000	estimated umers based on NICE and local figures
Dec-22	Tacrolimus ointment	Dematology	Amber 2	new submission	no	cost pressure	£480	approx 15 patients per year as an additional option
	Ciprofloxacin and dexamethasone ear drops	ENT		new submission	no	cost pressure	£350	use as an alternative to separate components for 150 preice patients
	Hydrocortisone MR	Paediatrics		new submission	no	cost pressure	£8,000	approx 4 patients per year on mid dose
Dec-22	Admelog Insulin Lispro biosimilar	Diabetes	amber 2	new submission	no	cost saving	£15,000	20% switch from originator
Dec-22	Glycopyrronium tablets, Assisco®	Paediatrics		formulary amendment	no	cost saving	£39,000	50% switch from original brands
Dec-22	metformin powder sachets	Diabetes		formulary amendment	no	cost saving	£13,000	20% switch from suspection
Dec-22	Luforbec inhalers	Respiratory		formulary amendment	no	cost saving	£500,000	potential saving from 25% switch from Fostair
Dec-22	mesalazine. Salcrozine®	gastroenterology		horizon scanning, new product	no	cost saving	£1,000	25% switch from current brand

Y1 = Y2 = Y3 =
 £265k = £531K = £796K

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?
Feb-23	Orthana Artificial Saliva	Max fax	green	new submission	no	cost neutral		alternative products are similar prices
	Melatonin	Huntingtons	Amber 2	new submission	no	cost pressure	£1,500	mid point dose for 5 patients per year
	continance formulary review	urology		formulary review	no	cost saving	unable to quantify	
	Methenamine hippurate (Hiprex)	UTI	Amber 3	formulary amendment	no	cost saving	£4,000	20% switch from originator
	Promethazine 10mg and 25mg tablets (Phenergen)			formulary amendment	no	cost saving	£30,000	20% switch from originator for both strengths
	Mirabegron + Solifenacin combination	urology		formulary amendment	no	cost neutral		
	doxazocin	PTSD	Amber 2	new submission	no	cost pressure	£1,500	mid point dose for 30 patients per year

pressure
saving

284,584
635,350