

## Nottinghamshire Area Prescribing Committee Annual Report 2010-11

### Executive Summary

- 6 meetings of the Nottinghamshire Area Prescribing Committee were held in 2010-11. All meetings were quorate with representation from all partner organisations.
- At these 6 meetings 37 agenda items were submitted for discussion. These included;
  - 27 medicines being classified under the [Nottinghamshire Traffic Light System](#).
  - Eight [Prescribing Guidelines](#) and three [Shared Care Protocols](#).
  - Prescribing recommendations for
    - [neuropathic pain](#)
    - Prescribing of grey medicines/low priority medicines
- Status of priorities identified 09/10

Priority identified 09/10	Status
12% of medicines on the Nottinghamshire Traffic Light System require a countywide classification.	One combined list achieved
APC development work	APC development day held May 2010
Recruitment to the Specialist Interface and Formulary Pharmacist posts	Posts recruited Aug/Sept 2010

- Other Key Achievements
  - Branding of APC including website development and improved communication
  - Submission of a successful bid to undergo an NPC Plus fitness for purpose review in 2011/12
- Future priorities for the Area Prescribing Committee include
  - NPC plus review of APC to ensure fit for purpose in the future NHS
  - Ensure that the QIPP agenda is embedded within APC processes.
  - Monitor the financial impact of APC decisions across the health community.
  - Continue collaborative work with the cardiologists.

## **Background**

The Nottinghamshire Area Prescribing Committee (APC) has been in operation since April 2007 and is a partnership committee across organisations within the Nottinghamshire health community. This consists of NHS Nottinghamshire County, NHS Nottingham City, Sherwood Forest Hospitals Foundation Trust, Nottingham University Hospitals; and Nottinghamshire Healthcare Trust and NHS Bassetlaw (in relation to mental health issues only). Practice Based Commissioning (PBC) Clusters and independent contractor representative organisations (i.e. the Local Medical Committee (LMC) and Local Pharmaceutical Committee) also form an important part of the Committees membership. It replaced the former North Nottinghamshire Prescribing Strategy Group and the Nottingham Area Prescribing Committee. The Chief Pharmacist for NHS Nottinghamshire County chairs the committee.

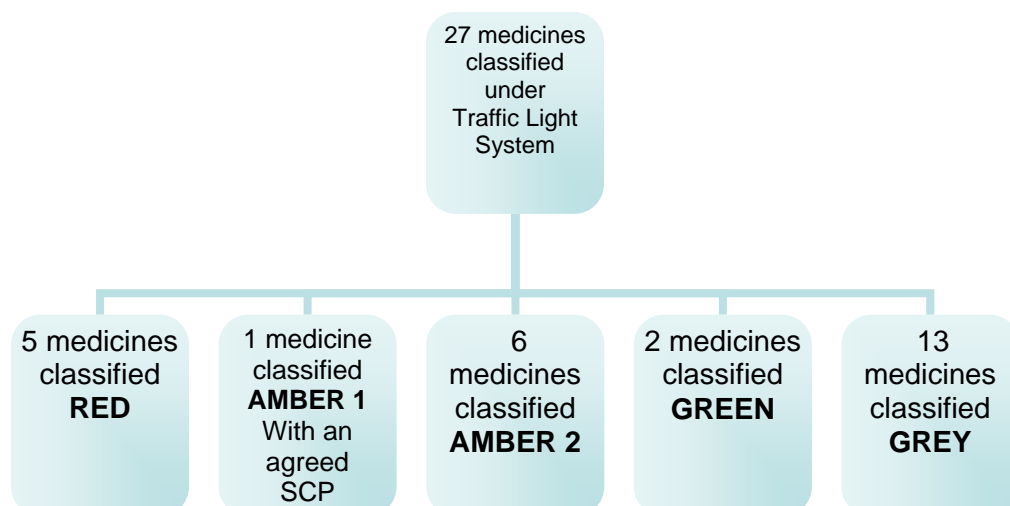
The main purposes of the committee are

- To establish a collective strategic approach to prescribing & medicines management issues across the Nottinghamshire Health Community, in relation to the safe, clinical and cost effective use of medicines.
- To approve policy on prescribing and medicines management issues at the interface between primary and secondary care and identify associated resource implications for consideration by the commissioning organisations.
- To ensure robust governance arrangements are in place for the effective delivery of medicine policy within a framework of the whole patient care pathway.
- To provide guidance on these issues for commissioners and providers within the healthcare community.

## **Achievements of the Nottinghamshire APC for 2010-11**

### **Medicines classified under the Traffic Light System**

The Nottinghamshire Area Prescribing Committee held six meetings in 2010-11. During this time 27 medicines were submitted to the APC for classification under the Traffic Light System. This includes 13 via horizon scanning and 5 reclassifications. The table below outlines the outcomes of each submission.



## Ratified Prescribing Guidelines

As part of the ratification process the APC continued to contribute heavily to the development and review of the guideline/shared care protocols. It should be noted that the majority of guidelines required discussion at more than one APC meeting prior to ratification.

Guideline	Date discussed
<a href="#">Nottinghamshire Primary Care Antimicrobial Guidelines</a>	Nov 2010
<a href="#">Nottinghamshire Alcohol Community Detox Protocol</a>	May 2010, July 2010
<a href="#">Prasugrel Guidelines</a>	Jan 11
<a href="#">Lithium Prescribing and Monitoring Guideline</a> – updated to include NPSA recommendations	July 2010
<a href="#">Nottinghamshire Osteoporosis Guidelines</a>	Mar 2011

## The Nottinghamshire APC has ratified the following Shared Care Protocols

Shared Care Protocol	Date Discussed
Rheumatology SCP	September 2010, November 2010, January 2011
<a href="#">Apomorphine and other anticholinergics for the treatment of Parkinson's Disease</a>	July 2010
<a href="#">Growth Hormone in Children</a>	Mar 2011

## Other Guidelines/SCP discussed but not yet ratified

Guideline / SCP	Date discussed
Guideline for clinical & prescribing responsibility across the Nottinghamshire Health Community	May 2010, July 2010
Medicines Management COPD at a glance	July 2010

## APC systems and processes

### Specialist Formulary Interface and Formulary Pharmacist Posts

In September 2010, the posts were successfully recruited into by pharmacists currently working in the two acute trusts within Nottinghamshire. This has significantly increased the capacity of APC and Joint Formulary Group (JFG). They have also contributed to the development of joint interface working across the Nottinghamshire health community. Appendix 1 outlines the key achievements between September and December 2010.

### APC development day

Stakeholders from the Nottinghamshire Health Community were invited to an APC development day in June 2010. 25 people attended the workshop with good representation from both primary and secondary care. Stakeholders were asked to

consider the role of the APC in local decision making using the management of COPD as an example. Prior to the day a stakeholder survey had been carried out and the results were discussed to identify what next steps should be taken by the APC to improve.

The main themes from the survey were;

- Improvement in communication is needed.
- Process is slow and bureaucratic
- Clarity is needed on decisions regarding cost effectiveness and accountability

Work has been carried out throughout the year to address these issues. Progress has been made in all three areas;

### **1. Improvement in communication is needed.**

#### **APC website & bulletin**

A website has been developed to improve communication between the APC and its stakeholders. The website has its own URL [www.nottsapc.nhs.uk](http://www.nottsapc.nhs.uk) and doesn't require passwords (identified as barriers in the past). The traffic lights are now located in a fully functional database which is searchable and represents a substantial improvement on the previous traffic light excel spread sheets. All guidelines, shared care protocols, formularies, meeting minutes (APC and NJFG) and bulletins are now available on the website.

An easily identifiable logo was developed to support future promotional activities of the APC. The APC summary was also redesigned forming a new bulletin highlighting the key points and traffic light classifications of each meeting. Further work is required to establish effective routes of dissemination as it is still not clear whether all relevant clinicians are receiving the bulletin.

### **2. Process is slow and bureaucratic**

The committee continues to meet on a bimonthly basis but the meetings of the Nottinghamshire Joint Formulary Group (NJFG) have been rearranged to alternate with the APC meetings in order to streamline decisions making timeframes. For example the decision making process for submissions will now take a maximum of 4-6 weeks following submission to the NJFG, where suitable consultation has taken place.

Recruitment to the Specialist Interface & Formulary Pharmacist posts will now allow the APC to take work forward proactively and also assist in the consultation process. Prior to this, the lack of resource had severely hampered the APC's ability to respond in a timely manner.

### **3. Clarity is needed on decisions regarding cost effectiveness and accountability**

The committee acknowledged the need for clear and transparent decision making and steps have been taken to improve this. This has included inviting clinicians with submissions to the meeting to assist in the decision making process. 4 clinicians have presented their guideline/shared care protocol to the committee in 2010-11.

A front sheet detailing for example commissioning, financial, governance and patient safety issues must now be completed with each submission, which highlights of key issues and facilitates discussion.

### **Nottinghamshire Joint Formulary Group (NJFG)**

There were 6 meetings of the NJFG during 2010/11. This has been the second full working year of the NJFG where the main remit of this group includes the consideration of all medicines (submitted by either primary or secondary care) which are to be prescribed at the interface. An independent review of the current evidence base is produced for each formulary submission and recommendations for traffic light classifications are made where applicable.

In the previous year it had been difficult to obtain regular GP attendance however review during 2010-11 resolved the problem. Appendix 1 includes some key achievements of the group.

### **Formularies**

Work has commenced on the development of a joint formulary for the whole of the Nottinghamshire Health Community. This will improve consistency in prescribing ensuring clinical, cost effective and rational use of medicines across Nottinghamshire.

The first 6 chapters of the formulary have been mapped against the current formularies in use in the different organisations to identify the areas of commonality and those that require harmonisation/rationalisation. It is intended that the formulary will be available on the internet (N3 users only) using software already in use within the NHS Trusts. This will also allow guidelines, shared care protocols etc to be accessed alongside the formulary.

### **NHS White Paper, Equity and excellence: Liberating the NHS**

On 12<sup>th</sup> July 2010 the NHS white paper was released. It set out the Government's long-term vision for the future of the NHS. The timetable for reconfiguration within Nottinghamshire will depend upon consultation findings and the development of clear arrangements for managing financial risk. However the current intention is for a new structure to be in place for NHS Nottinghamshire County and NHS Nottingham City with GP consortia working in shadow form by April 2011.

During this period of rapid change the committee acknowledged the need to consider whether current systems and processes were fit for purpose or required review. The committee made a successful application to undertake a fitness for purpose review facilitated by National Prescribing Centre Plus (NPC.) With the review due to take place in June 2011, committee members agreed to maintain the current role, function and membership of the committee until this review had taken place.

### **Quality, Innovation, Productivity and Prevention (QIPP) Agenda**

In order to support the growing QIPP agenda in achieving savings and ensuring that NHS resource achieves maximum benefit and quality of care to patients, the APC

continued to look at areas of prescribing to improve efficiency or manage prescribing growth across the health community;

### **Cardiovascular medicines**

Following the publication of the NICE Technology Appraisal 'Prasugrel for the treatment of acute coronary syndromes with percutaneous coronary intervention' (Oct 2009) a number of discussions have taken place with local cardiologists to identify prasugrel's place in therapy alongside other agents. Although the prescribing of prasugrel was seen to be a cost pressure to primary care, a greater cost saving to the overall health community was identified.

Further meetings are planned to agree a way forward for other areas of high spend in cardiology e.g. high dose statins, cholesterol targets, use of ezetimibe to benefit the Nottinghamshire health community

### **NICE Neuropathic Pain – position statement**

The APC produced a position statement in response to the NICE neuropathic pain clinical guideline. Queries were raised regarding the calculated cost effectiveness of the listed medicines within the guidance. It was agreed by the APC in consultation with local pain services that until there was clarity about the cost effectiveness analysis prescribers were recommended to continue to follow the local guideline. This decision was in-line with the decision made by many APCs throughout the UK.

### **Prescribing of grey/low priority medicines**

The committee supported the need to identify medicines that should not be prescribed on the NHS (unless supported by an Individual Funding Request). Following consultation seven medicines were identified for inclusion on the low priority medicines list;

- Glucosamine preparations
- Herbal medicines
- Homeopathy medicines
- Luxury gluten free products NB 'luxury' to be defined
- Malaria prophylaxis for overseas travel (suitable for private prescription only, malaria **treatment** prescribable on NHS prescription)
- Sativex<sup>®</sup>
- Tramacet<sup>®</sup> (Tramadol 37.5mg / Paracetamol 325mg)

For 2010/11 £128,000 was spent on the prescribing of these medicines. Work is now ongoing to raise awareness of the list with prescribers and respond to patients queries.

### **Future Priorities**

**The following priorities have been identified for 2011-12**

- **NPC plus review of APC to ensure fit for purpose in the future NHS**
- **Monitor the financial impact of APC decisions across the health community.**
- **Continue the work with the cardiologists.**
- **Ensure that the QIPP agenda is embedded within APC processes.**

## Appendix 1

### **Key Achievements by the Nottinghamshire Joint Formulary Group and Specialist Interface & Formulary Pharmacists September – December 2010**

#### New Drug Submissions

The NJFG considers all submissions for new medicines submitted by primary or secondary care which are to be prescribed at the interface. An independent review of the current evidence is produced for each formulary submission and recommendations for traffic light classifications are made.

There have been 4 independent reviews of drugs undertaken following submissions from clinicians: denosumab, dronedarone, Epiduo (benzoyl peroxide/ adapalene) and Sativex. So far denosumab and dronedarone have been looked at by the group and recommendations to the APC made.

#### Horizon scanning

All new medicines or indications which may potentially have an impact on prescribing at the interface are reviewed pre-emptively by the NJFG and recommendations made on the appropriate traffic light classification.

7 summaries of new drugs/indications launched since September have been produced. These were for Botox for migraine prophylaxis, roflumilast, indacaterol, ivabradine for heart failure, prednisone MR, fentanyl products for breakthrough cancer pain and lanolin emollient spray. Recommendations on traffic light classifications have been made to the APC for Botox, roflumilast, indacaterol and ivabradine.

#### Cost saving initiatives

The NJFG has provided support to the Productive Notts prescribing work stream by identifying potential cost savings across the health community. The following cost-saving initiatives have now been actioned\*:

- MST to Zomorph switch- this has been actioned throughout the health community (except existing patients in NHSNC). Anticipated savings are £100K PA across the health community.
- Branded prescribing of fentanyl patches as Matrifen- this has been actioned at both PCTs and at SFHT. In workplan for NUH. Anticipated savings are £300K PA across the health community.
- Prednisolone EC- This has been actioned at both PCTs and at SFHT. In workplan for NUH. Anticipated savings are £475K PA across the health community.

\*NB - The Specialist Interface and Formulary pharmacists have actioned these switches in secondary care, work in primary care was ongoing prior to the commencement of the posts.

#### Other

Previously there has been no standard submission form for formulary submissions to the group, with each trust using their own local form. A joint submission form has been developed and this is to be used for new medicine submissions to the NJFG.

A priority in the workplan of the Medicines Interface and Formulary Pharmacists was to rationalise the discrepancies between the North and South Traffic light classifications. The two traffic light lists have been reviewed and county-wide classifications have now been agreed for medicines beginning with the letters A-N. Medicines beginning with the letters N-Z are ongoing.

## Ongoing work

### Cost saving initiatives

- Ferrous fumarate- A switch from ferrous sulphate to ferrous fumarate has been actioned in primary care. Work is ongoing to action the switch in secondary care to support the county-wide approach. Primary care savings are anticipated to be approx £80K PA.
- Calcium and Vitamin D preparations- Cost-savings have been calculated as a basis for rationalisation of the preparations used across Nottinghamshire. Work is ongoing to gain a consensus.
- Restriction in use of silver containing dressings- work is underway in conjunction with the Nottinghamshire Wound Management Group to rationalise the use of antimicrobial dressings. A guideline has been developed that restricts the use of silver containing dressings which is hoped to significantly reduce the £500K spent PA on these dressings in primary care.
- Gaviscon advance- Past spend has been identified; work is ongoing to establish the evidence base and potential cost savings.

### Shared Care protocols

- Draft information sheets have been produced for the 8 drugs that fall under the Rheumatology SCP (methotrexate, hydroxychloroquine, azathioprine, sulphasalazine, leflunamide, ciclosporin, penicillamine and gold). These are due to be finalised with clinician input from both acute trusts by the end of December. Work is ongoing to agree the content of the overarching document.
- Draft SCPs for azathioprine and mercaptopurine in IBD are undergoing secondary care consultation
- Draft Growth Hormone in children SCP has been reviewed, undergoing secondary care consultation

### Guidelines

- Branded vs. generic anticonvulsants- An advisory document has been drafted that makes recommendations on the generic prescribing of anticonvulsants. This is currently undergoing secondary care consultation. This may produce potential cost savings if generic prescribing is agreed for some of the anticonvulsants e.g. lamotrigine.
- Eye lubricants guideline – Work is ongoing to address discrepancies in secondary care practices and preparation preferences to produce a joint guideline

### Audit work

- Ranolazine- an audit template is in development.
- Lacosamide- Audit data has been analysed and will be submitted to APC Jan 2011. Traffic light status will be reviewed in light of this information – may need shared care protocol



Other

- A review of traffic light classifications of treatments used for metabolic disorders is in progress.

**Planned work**

Cost saving initiatives

- Specials- high costs identified, work ongoing to establish a solution.
- GnRH analogues- no recommendation is currently given in primary care regarding preferential use of individual drugs. Use of triptorelin may be associated with a significant saving.
- Branded vs. generic ciclosporin for non- transplant indications. The availability of a generic formulation provides a cost saving potential, but the use of the generic has been actively decided against for transplant patients. Its use in non- transplant indications is to be pursued.

Shared Care Protocols

- SCPs for Gastroenterology and Dermatology are to be reviewed

Formulary Harmonisation

- Harmonisation of current formularies- A scoping exercise is to be completed on the five priority BNF-based chapters of SFHT, NUH, NHCT formularies and NHS Nottingham City by February 2011, with the subsequent creation of a Joint Formulary for these chapters.
- Review of possible formats for the Nottinghamshire Joint Formulary

Other

- Annual review of traffic light classifications- to be split into quarterly instalments.
- Review of traffic light classifications for MS medication