

Nottinghamshire Area Prescribing Committee

Annual Report 2020-21



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 2020-21

- We have had 5 quorate meetings as per the committee Terms of Reference.
 - The meeting in May 2020 was completed virtually with the committee asked to review and ratify the documents over e mail.
- 40 medicines were reviewed as part of horizon scanning and 78 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.
- 13 new medicine requests for inclusion in the formulary were considered, the majority of these were firstly reviewed by the Joint Formulary Group.
- 45 guidelines/shared care protocols/other prescribing documents were approved; 13 of which were new documents (see Appendix 2 for full details).
 - 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 the development of a patient leaflet on high dose opioids, production of a guideline for monitoring in children and supporting the safe management of the discontinuation of Priadel before that decision was overturned.
- We have supported antimicrobial stewardship by ensuring our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns.
- 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 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.
- Keeping abreast of the work of the Regional Medicines Optimisation Committees (RMOC).
- The team have also produced and maintained a large raft of COVID resources which have been made available to all clinicians through the APC website. These were needed quickly and required a huge effort to produce.

*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

Financial implications for the Nottinghamshire healthcare economy of APC decisions

The APC has only approved medicines for use that fall within the Nottinghamshire CCGs agreed mandatory 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. 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*	5	Unable to quantify
Cost neutral or unknown	14	NA
Savings	6	£111,120
Cost pressure	7	£64,421

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

Although the decisions made have resulted in a net cost saving, the degree of identified savings is far less than in previous years. This highlights how cost saving medication switch type submissions are becoming exhausted and instead newer more costly medicines are coming to market. Furthermore due to the team priorities moving to the COVID vaccine centres, less time has been available for proactively identifying efficiencies.

Savings opportunities within secondary care have also been less this year due to delayed contract reviews while focus was elsewhere during the pandemic. The knock on effect has been less cost efficiencies being transferred into primary care prescribing and overall lower savings potential to the health economy.

Savings

Potential savings to the CCGs of over £111K have been identified from APC recommendations. The majority of this saving potential has come from:

- The review and rationalisation of eye drop brand recommendations
- The restriction of the use of silver dressings
- The addition of the cost effective brand Vagirux
- The approval of the addition of Sumatriptan 6mg/0.5ml solution for injection

However savings are difficult to predict as they are dependent on GP implementation such as switches to cost effective choices or switches away from the decommissioned items.

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 Buscomint and risperidone orodispersible tablets.

Cost neutral

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

- Addition of semaglutide oral tablets which are equivalent in cost to the subcutaneous preparation
- The re classification of modafanil to reflect current practice
- Upholding the current RED classification of ondansetron

Cost pressure

Decisions made by the APC during 20-21 resulted in a potential cost pressure of £64K. The biggest cost pressures during have been as a result of NICE TA publication - depagliflozin in heart failure as well as the clinically appropriate reclassification of cinacalcet from RED to Amber 2. 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 struggled this year to recruit members from community pharmacy or public health. This year has been particularly challenging for those sectors due to the COVID pandemic and hence they have not been able to support the committee. The committee will aim to recruit such members going forward.

The COVID pandemic and huge vaccine effort has meant that the priorities of some of the committee members have been focussed elsewhere. Furthermore the interface pharmacists who conduct the formulary and APC work were required to work within the vaccine hubs for a vast majority of their working week. This has resulted in less proactive formulary work and some delays to guideline review. The team have however managed to complete the work on all submissions received.

The CCGs merged into one organisation in April and therefore some of the reporting and governance structures were reorganised. As such it has been extremely difficult for the APC to navigate the system to seek approval for medication submissions where the cost impact exceeds the agreed mandate threshold; the example being ibandronic acid as an adjunctive treatment for breast cancer.

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 2021-22

As the health community comes together into a formal Integrated Care System (ICS) the committee will need to adapt and may be required to reflect on membership as well as reporting.

As the COVID pandemic continues the committee will be required to continue to prioritise workload to ensure engagement is still maintained from members who may be required to support other more urgent work.

Furthermore the way the committee meet will need to be continued for some time, utilising teleconferencing and remote working.

Once business returns to normal the committee may have a period of catching up to complete any work that have been delayed. Furthermore the priorities of the Health Community may change over the next 12 months.

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 the RMOCs 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.

We would like to specifically mention our longstanding patient representative Amanda Roberts who will be stepping down from the committee in the autumn of 2021. Amanda has been part of the committee since 2015 and her contribution, dedication and input is extremely appreciated.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2020/21

Name of Representative	Role within Organisation	Organisation	Organisational Attendance				
			May*	July	Sep	Nov	Feb***
Deborah Storer (Deputy)	Medicines Information Manager and D&T Pharmacist	Nottingham University Hospitals NHS Trust	✓	✓	✓	✓	✓
Tim Hills	Interim Assistant Head of Pharmacy						
Dr David Kellock	SFHFT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓
Steve May	Chief Pharmacist						
Steve Haigh (Deputy)	Medicines Information & Formulary Pharmacist						
Tanya Behrendt	Deputy Head of Medicines Management	NHS Nottingham City Clinical Commissioning Group	✓	✓	✓	✓	✓
Dr Esther Gladman	GP prescribing lead						
Dr David Wicks	GP -County CCGs (North)	NHS Nottinghamshire Clinical Commissioning Groups	✓	✓	✓	✓	✓
Dr Asirfa Akhtar**	GP - County CCGs (South)						
Laura Catt	Prescribing Interface Advisor						
Dr Jenny Moss-Langfield	GP	Local Medical Committee	✓	✓	✓	✓	✓
Dr Khalid Butt	GP						
Sarah Northeast	Advanced Nurse Practitioner	Nottingham CityCare	✓	✓	✓	✓	✓
Gladys Maponese	Medicines Management Pharmacist (Deputy for Sarah)						
Matthew Elsworth	Chief Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	✓	✓
Hazel Johnson	Deputy Assistant Medical Director						
Susan Hume	Advanced non-medical prescriber						
Amanda Roberts	Patient Representative		✓	✓	✓	✓	✓

* May 2020 meeting took place with virtual representation due to the Covid-19 Pandemic.

The members in May who provided comment on the circulated papers have been recorded as attendees

** Dr Asirfa Akhtar became a member of the APC Sept 20

*** APC date moved from Jan to Feb due to the APC meeting not taking place due to the Covid response

Appendix 2 – 2020-21 APC RATIFIED DOCUMENTS

Meeting Date	Title	SCP / Guideline / Other	Update or new
May 2020	Cinacalcet	Prescribing information sheet	Update
	Verkazia	Prescribing information sheet	New
	Dacepton	Prescribing information sheet and addition to the SCP	New
	Dermatology SCP and hydroxychloroquine information sheet	SCP	New
	Heart failure	Guideline	Update
	Nausea and vomiting in pregnancy	Guideline	Update
	Statement regarding prescribing of Gonadorelin analogues	Other	Update
	Antimicrobial guideline - Bronchiectasis	Guideline	Update
July 2020	APC Annual Report	Other	Update
	Antimicrobial guideline -Psoriasis	Guideline	New
	Phosphate binders	SCP	Update
	Rheumatological conditions	SCP and information sheets	Update
	Dementia medication	Information sheets	Update
	Type 2 Diabetes	Guideline	Interim update (1yr expiry)
	Stoma Ancillary Items	Formulary	Update
	Alcohol Dependence	Guideline	Update
September 2020	Priadel discontinuation	Guideline	New
	High cost drugs treatment pathways	Other	Update
	Oral Nutritional Supplements in Adults	Guideline	Update
	Alternatives to using an Unlicensed “Special” database	Other	Update
	Narcolepsy	SCP and information sheets	New
	Antidepressants in Primary Care	Guideline	Update
	Testosterone	Information sheet	New
	Opioids for Persistent Non-Cancer Pain	Guideline	Update
	Autoimmune hepatitis	SCP and information sheets	Update

	Antimicrobial guideline -Vaginal Candidiasis	Guideline	Update
	Enoxaparin prescribing	Information sheet	Update
	Childrens monitoring guide	Guideline	New
	Smoking Cessation Position Statement	Other	New
	Emollients	Formulary	Update
	Antimicrobial guideline -Diabetic foot	Guideline	Update
November 2020	Lamotrigine in Bipolar Disorder	Information sheet	Update
	End of Life (EoL)	Guideline	Update
	Management of Dermatological Conditions with Disease-Modifying Anti-rheumatic Drugs in Adults	SCP and information sheets	Update
	Management of Inflammatory Bowel Disease in Adults	SCP and information sheets	Update
	Neuroinflammatory conditions	SCP and information sheets	Update
	Neuroinflammatory conditions	Patient leaflet	Update
	Opioid patient leaflet	Patient leaflet	New
	Fludrocortisone for orthostatic hypotension	Information sheet	New
	Hyperlipidaemia	Guideline	Update
	Infant feeds – premature infants	Guideline	Update
	Limited clinical value medicines	Information sheet	Update
February 2021	Vitamin D Adults and Children	Guideline	Update
	Adult ADHD	SCP and Information sheet	New
	Management of Sleeping Difficulties in Childhood	Guideline	New
	Adult Asthma Treatment	Guideline	Update
	Antimicrobial guideline- acute exacerbation of COPD	Guideline	Update

Appendix 3

NOTTINGHAMSHIRE JOINT FORMULARY GROUP

ANNUAL REPORT 2020-21

Introduction

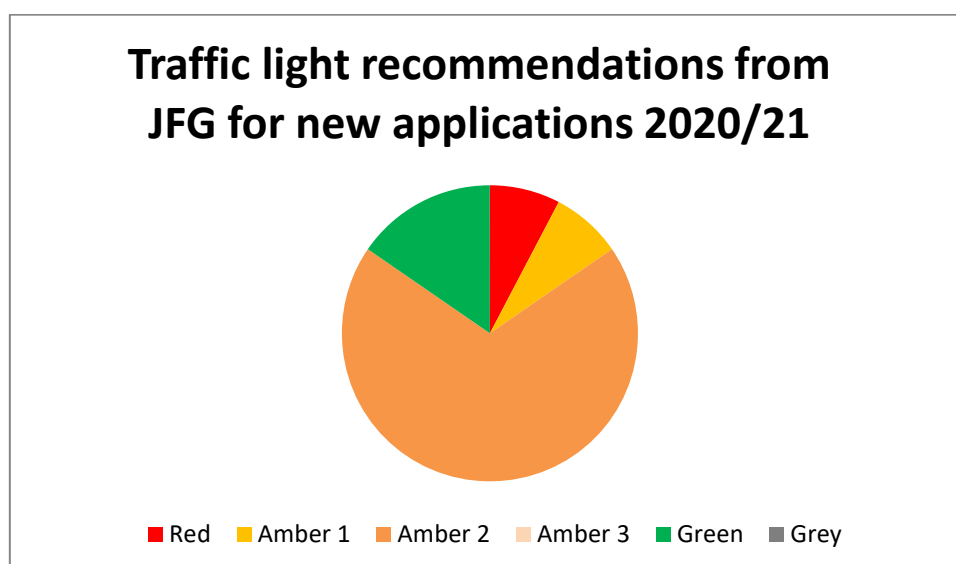
The Nottinghamshire Joint Formulary Group (NJFG) is a sub-group of the Nottinghamshire Area Prescribing Committee (NAPC). The main purpose of the group is to lead on the development, maintenance and review of the Nottinghamshire Joint Formulary (NJF) by:

- 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 NJF;
- Developing, maintaining and making recommendation to the APC on guidelines & treatment pathways where they include medicines and may impact on the Nottinghamshire Joint Formulary;
- Ensuring that communication between different professional groups across the CCG occurs and that the local guidelines are aligned to the common practice across the county.

There have been five meetings of the NJFG held in the 2020/21 financial year with good attendance from all organisations.

Medication submissions & recommendations

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



The submissions were firstly reviewed by the Joint Formulary Group before being ratified by the Area Prescribing Committee.

Appendix 3

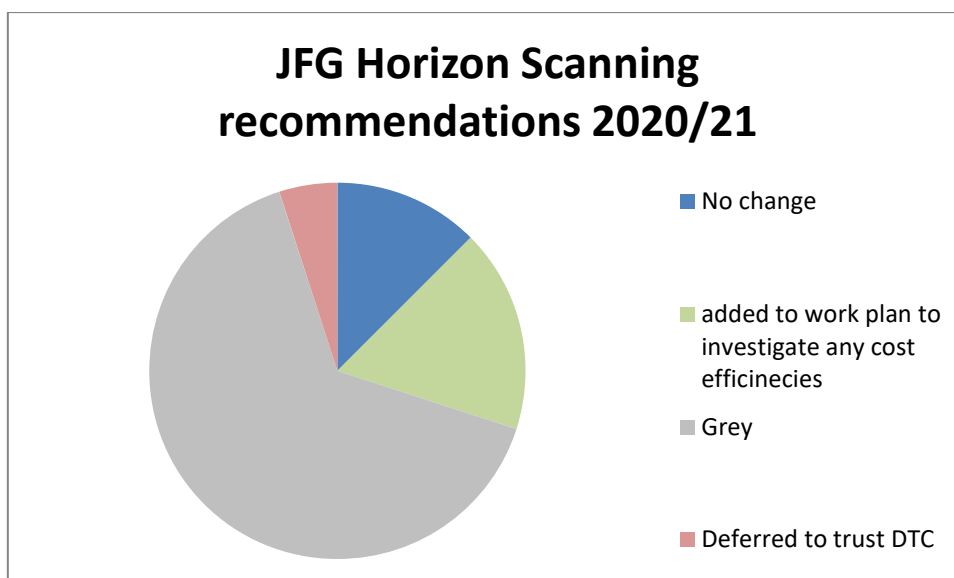
The NJFG considers requests for new medicines submitted by primary or secondary care which are to be prescribed across the interface. The process comprises of an independent review of the evidence carried out by the Specialist Interface and Formulary Pharmacists (SIFP). This is then presented to the group to discuss and review to support informed decision making. Following consideration at JFG, recommendations for traffic light classifications are taken to the APC for ratification.

Generally, all recommendations given by the JFG are accepted and carried forward by the APC; however when there is more clarification required regarding the treatment pathway, implementation details or the financial impact across the area, the decision is deferred to the APC until all parties are satisfied with the outcome.

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 NJFG. This is a way of managing the introduction of new drugs in a considered and effective way for the healthcare community.

A review of 40 medicines was completed as a result of horizon scanning at JFG 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 Interface team. This data is included in the chart below:



Formulary Amendments

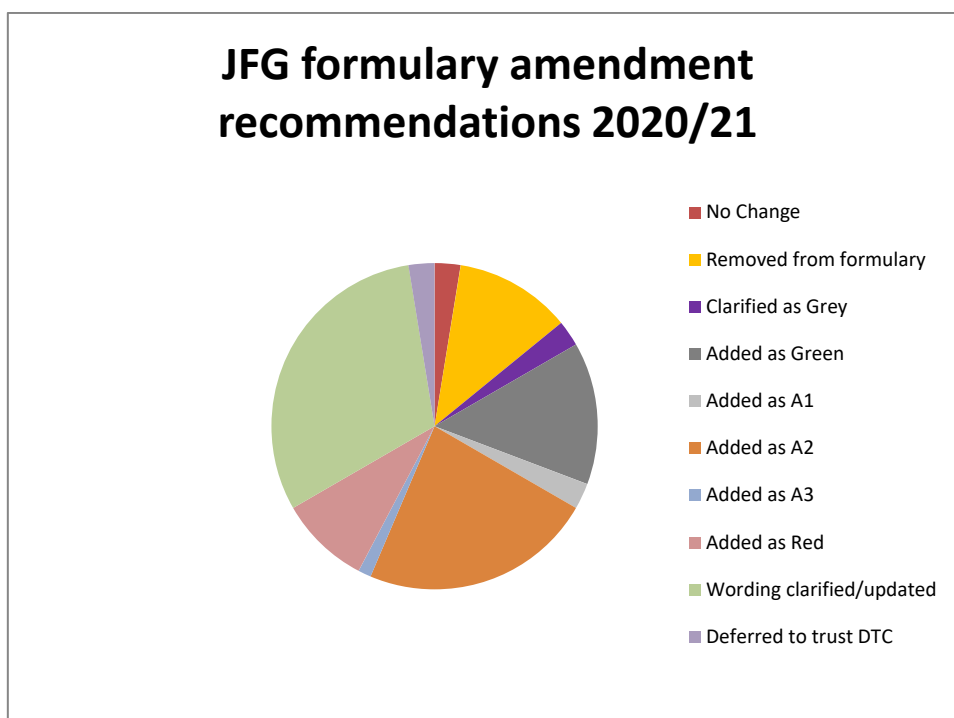
The group collate and discuss any suggested amendments to the formulary which may include wording clarification, acting upon discontinuations or price changes or adding and amending pertinent safety or pathway messages.

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

78 suggested amendments were discussed by the JFG.

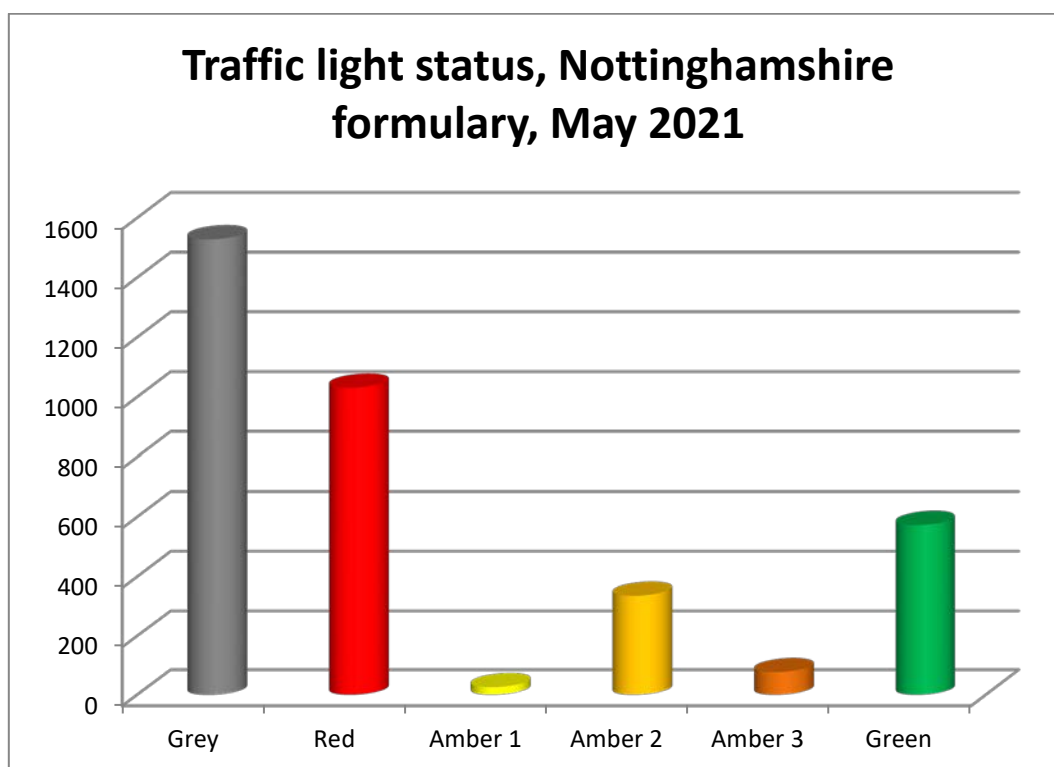
Appendix 3

Figure 3 shows the amendments discussed and recommended to the APC during 2020/21:



Classifications on the formulary

There are 3571 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

Formulary search information

The data in Table 1 was collected on 25th May 2021. 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.

Table 1 Top 10 searches on the NJF

#	Drug	Searches
1	Melatonin*	100
2	Colecalciferol	96
3	Apixaban*	90
4	Progesterone	84
5	Prednisolone	80
6	Omeprazole	73
7	Amlodipine	69
8	Metformin	68
9	Rivaroxaban	68
10	Cetraben	66

Furthermore there were 20568 hits on the formulary website during April 2021, showing usage continues to grow year on year.

On-going priorities for the Joint Formulary Group:

- a. The introduction of new medicines has remained a key function of the NJFG. Proactive NICE TA implementation is undertaken to ensure that organisations and the Joint formulary is compliant within 90 days of publication and to highlight potential implications for the health community at an early stage.
- b. The APC has increased its focus on the Mental Health Interface agenda in recent years by aiding the update of several mental health prescribing guidelines. The local CCG collaborating with Nottinghamshire Healthcare NHS Foundation Trust supported this by creating a post of Mental Health Efficiencies Pharmacist to help with the workload. They are currently involved in discussions about the prescribing responsibility for medicines for ADHD for adult patients which remains a challenge across the area.
- c. The group continues to raise awareness of the Joint Formulary with clinicians in both primary and secondary care.

Challenges faced by the Joint Formulary Group

- The greatest challenge during the last 12 months has been the COVID 19 pandemic, requiring meetings to be moved to a virtual forum. Furthermore the interface team who conduct the vast majority of the medication reviews, formulary maintenance and meeting administration were all redeployed to support the vaccine centres. Some medication submissions were therefore delayed, however the group have still managed to review all submissions within the 12 months and have discussed almost double the number of formulary amendments compared to the previous 12 months.

Appendix 3

Future Priorities of the NJFG

- 1) Since the start of the COVID -19 pandemic, all face to face meetings and non-essential work was stood down. The JFG utilised videoconferencing and email discussions and was still able to ensure full engagement with the same degree of debate and scrutiny. As face to face encounters open up it is likely the group will continue to utilise this facility to allow easier engagement and presence from submitting clinicians and maintain a more flexible approach for group members.
- 2) 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.
- 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 facilitate communication between the service providers for a uniform access to medication across the area.
- 5) To encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies.
- 6) 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.
- 7) To adapt in light of the developing Integrated Care System which may require more consideration of pathway development going forward.

Appendix 4 - financial implications of APC decisions 2020/21

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?
May-20	Hydroxychloroquine	Dermatology	Amber 1	Traffic light amendment from red	no	cost pressure	£5,000	mid point dose for 100 patients
May-20	Cinacalcet	PHPT	Amber 2	Traffic light amendment from red	no	cost pressure	£45,000	20 additional patients on lowest dose (low dose expected for majority)
May-20	Verkazia eye drops	Ophthalmology	Amber 2	New submission	no	cost neutral	£0	same price as alternative
May-20	Atomoxetine liquid	ADHD	Amber 1	Formulary amendment	no	cost pressure		hard to predict as depends on cohort unable to swallow
May-20	Omeprazole 4mg/ml suspension	Paediatrics	Amber 2	Formulary amendment	no	cost pressure		hard to predict as depends on cohort with enteral tube
May-20	Esomeprazole sachets	Paediatrics	Amber 2	Formulary amendment	no	cost pressure		hard to predict as depends on cohort with enteral tube
May-20	medroxyprogesterone	Gynaecology	Green	Formulary amendment	no	cost neutral	£0	traffic light change to reflect current use
May-20	Norethisterone	Gynaecology	Green	Formulary amendment	no	cost neutral	£0	traffic light change to reflect current use
May-20	Ganfort eye drops	Ophthalmology	Amber 2	Formulary amendment	no	cost neutral	£0	similar to alternatives
May-20	Altrajuice	Nutrician	Amber 3	Formulary amendment	no	cost saving	£10,000	alternative juice preparation
Jul-20	Utrogestan	Gynaecology	Green	New submission	no	cost neutral		
Jul-20	Humalog 200 insulin Lispro	Diabetes	Amber 2	New submission	no	cost neutral	£0	same price as alternative
Jul-20	Isocarboxazid	Mental Health	Amber 2	New submission	no	cost neutral	£0	similar to alternatives
Sep-20	ondansetron	Gastroenterology	to remain RED	New submission	no	cost neutral		no change to classification
Sep-20	methylphenidate	narcolepsy	Amber 2	New submission	no	cost neutral		
Sep-20	dexamphetamine	narcolepsy	Amber 2	New submission	no	cost neutral		
Sep-20	Modafanil	narcolepsy	remained as Amber 2	Formulary amendment	no	cost neutral		no change to classification
Sep-20	silver dressings	wound care	amended to Amber 2	Formulary amendment	no	cost saving	£20,000	difficult to quantify but currently CCG spend is approx £120,000 per year on silver dressings and less than half of prescribing is for non-formulary products.
Sep-20	Xailin Night	ophthalmology	added as first line Green	Formulary amendment	no	cost saving	£11,120	100% switch from Hyllo Night based on current annual spend
Sep-20	slow K	heamatology	Clarrified as RED	Formulary amendment	no	cost avoidance		more cot effective if kept within secondary care
Sep-20	Buscomint	Gastroenterology	Added as Grey	Horizn scanning	no	cost avoidance	unable to quantify	less cost effective than current brands
Nov-20	Fluticasone furoate/vilanterol Ellipta (Relvar, GSK)	Asthma		New submission		cost neutral		

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?
Nov-20	Grazax® (timothy grass pollen allergen)	Allergy	Added as amber 2	New submission	no	cost pressure	£14,421	however there will be a saving of £6,750 to the trusts
Nov-20	Testosterone gel	hypogonadism	review of branded products	Formulary amendment	no	cost saving	£3,000	switch of 50% from more expensive product
Nov-20	Testosterone gel	post menopausal women	clarified as grey	Formulary amendment	no	cost avoidance	unable to quantify	
Nov-20	Naldemidine	opioid induced constipation	Added as amber 2	new submission	yes	cost pressure	unable to quantify	low desire for use amongst specialists
Nov-20	Sumatriptan 6mg/0.5ml solution for injection	migraine			no	cost saving	£7,000	switch from pre filled syringes
Nov-20	esomeprazole IV	Gastroenterology	Added as Grey	Formulary amendment	no	cost avoidance	unable to quantify	
Nov-20	Vagirux® 10 micrograms vaginal tablets.	Gynaecology	added as green	Horizn scanning	no	cost saving	£60,000	switch from Vagifem
Nov-20	Risperidone 1 mg, 2 mg, 500 microgram orodispersible tablets	Mental Health	added as grey	Horizn scanning	no	cost avoidance		
Feb-21	Semaglutide (Rybelsus® 3mg, 7mg and 14mg tablet)	Diabetes		New submission	no	cost neutral		
Feb-21	liraglutide	Weight loss	RED	New submission	yes			the cost impact may be seen through the cost of the out of area service which is commissioned to prescribe

savings £111,120
pressure £64,421