Nottinghamshire Area Prescribing Committee

(Incorporating the Nottinghamshire Joint Formulary Group)

Annual Report 2014-15

CONTENTS PAGE

EXECUTIVE SUMMARY

Key Achievements in 2014-15

1. Support to the QIPP agenda by

- Identifying cost saving opportunities
- Maintenance of the Nottinghamshire Joint Formulary
- Horizon scanning
- Adherence to the CCG financial mandate

2. Innovative use and promotion of JFG & APC websites
3. Development of an APC improvement plan (based on stakeholder survey feedback)
4. Supporting and maintaining safe prescribing practices for patients

Six quorate meetings were held during 2014-15 (see Appendix 1).

79 medicines were classified as part of horizon scanning (see Appendix 2).

58 medicines were reviewed by the APC to change the traffic light classification or were classified as part of formulary maintenance (see Appendix 2).

27 *new* medicine requests for inclusion in the formulary were reviewed by the APC (see Appendix 2)

22 guidelines / shared care protocols or other documents were approved by the APC, six of which were *new* (see Appendix 3).

Financial implications for the Nottinghamshire healthcare economy of APC decisions 2014-15; (See Appendix 2 for details)

Cost Avoidance	£154,019
Cost Neutral or unknown	N/A
Cost Savings	£354,817
Cost Pressures	£473,969 (of which £374,775 is associated with NICE TAs)

Future Priorities for 15-16

- continue to support QIPP/new models of care
- Progress with APC improvement plan
- Share good practice and celebrate success of innovative use of the Nottinghamshire Joint Formulary

COMMITTEE MEMBERSHIP

COMMITTEE PURPOSE

- 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
- 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.
- Support and advise on robust governance arrangements for the effective delivery of medicine policy within a framework of the whole patient care pathway.
- Provide guidance on these issues for commissioners and providers within the healthcare community

APC DUTIES

Approving prescribing policies, formularies, traffic light classifications, shared care agreements and prescribing guidelines for implementation across primary and secondary care

Establishing and maintaining a joint formulary between the Clinical Commissioning Groups (CCGs) and organisations that provide NHS services.

Advising and assisting the CCGs and provider trusts in the formation, development and implementation of plans for the introduction of new pathways, treatments, local policies and national guidance with implications for prescribing.

Ensuring that all NICE approved medicines appear on the Nottinghamshire Joint Formulary (including a traffic light classification) within 90 days of publication.

All outputs of the APC can be accessed through its website at www.nottsapc.nhs.uk

The Nottinghamshire Joint Formulary can be accessed via www.nottinghamshireformulary.nhs.uk

KEY ACHIEVEMENTS FOR 2014-15

1) SUPPORT TO QIPP

QIPP continues to be a challenge for member organisations. The majority of cost pressures from APC decisions for 14-15 (for medicines at the interface) were due to positive NICE Technology Appraisals (namely canagliflozin for diabetes, nalmefene for alcohol misuse and lubiprostone for constipation).

Healthcare organisations are legally obliged to fund within 90 days of publication by NICE where the APC has worked with local specialists to produce supplementary information to inform the CCGs of the potential cost impact to prescribing budgets.

QIPP remained a standing agenda item at the APC and specific key APC outputs to support QIPP included:

- Complete review of the evidence for the use of liothyronine for hypothyroidism
- Finasteride/dutasteride prescribing guidelines for cost effective prescribing
- Laxative guidance for patients taking opioids by optimising treatment/preventing admissions

Service transformation programmes for organisations have continued to gather pace where the APC has been responsive to these changes and supported them with timely changes in traffic light classifications of medicines and approval of guidelines, where needed, to support new pathways. An example of this would be the development of shared care protocols for DMARDs in dermatological conditions.

"Thank you so much for all your hard work and effort into these!!" – feedback from Consultant the APC supported following the development of new osteoporosis guidance.

The APC has continued to support QIPP in a number of ways such as;

a) Nottinghamshire Joint Formulary

During its decision making the APC considers cost effectiveness and affordability so that all medicines included on the formulary represent clinical and cost effective prescribing. See Appendix 4 for the outcome of all submissions to the Joint Formulary.

b) Managed introduction of new medicines

The APC continued to undertake horizon scanning to ensure the managed introduction of new medicines into the health community by co-ordinating work and engaging in a timely way with the relevant clinicians. This approach ensured that prescribers had access to up to date information in order to guide their prescribing.

It is not always possible to quantify this risk accurately to calculate the exact cost avoidance, however this process means that new medicines can be introduced in a managed way to mitigate both financial and clinical risk.

c) CCG Financial Mandate

This is the third year that the APC has worked to its mandate of seeking CCG approval for individual decisions exceeding £10K per CCG (except NICE TAs). The APC ensures that when a submission is received all relevant commissioners have been identified and consulted with. There were no submissions considered above this threshold during 2014-15.

2) DEVELOPMENT OF AN IMPROVEMENT PLAN

The APC carried out a stakeholder survey in the summer of 2014 (see Appendix 5). The number of respondents (336) was more than double in previous years showing that the APC communication methods have improved and that engagement with the APC has also improved in the intervening 2 years.

The results of the survey were largely positive with some key themes seen:

- Consult stakeholders on how to increase transparency of APC decision making
- Continue to raise awareness of the APC and Joint Formulary websites and their content
- Ensure the APC is working to organisations priorities and conveying the importance of all APC priorities
- Use survey feedback to improve the APC and Joint Formulary websites

Following the survey, a development session for APC members and wider stakeholders was held during the autumn of 2014. This enabled reflection and joint learning on the findings of the survey to further improve the performance of the APC in supporting the needs of its stakeholders.

From this session an improvement plan was developed to direct the APC moving forward (see Appendix 6). The key areas of the development plan are:

- Review the Terms of Reference
- Consider monthly APC meetings
- Explore lay member representation
- Review the content and design of the APC bulletin
- Address the training needs of committee members
- Review dissemination and feedback of APC decisions
- Improve the transparency of APC decision making
- Develop effectiveness measures

Since the action plan was agreed the APC has already completed some of the objectives including revising the content of the APC bulletin and delivering 10 minute 'soundbites' of training at the start of each meeting to provide APC members with key points in successfully appraising clinical trial data.

The APC has received the comment about transparency of decision making in previous stakeholder surveys and has actively looked at improving APC processes in the following ways;

a) **Shared care protocols (SCP).** Once a recommendation has been made by the APC that a medicine is eligible for shared care, a pro-forma containing pertinent information is discussed at the CCGs prescribing meeting. This ensures that the views of the CCGs are heard and considered PRIOR to the development of the SCP.
b) **Representation.** NHS Nottingham North & East CCG is now a member of the APC. Further GP representation will be required in 15/16 to represent the south CCGs overall as the current member is no longer able to attend the meetings.
c) **Clinician attendance.** Both the APC and JFG welcome clinicians who make formulary submissions/develop guidelines to attend the APC/JFG to discuss any issues. In the past year half of the APC meetings have been attended by the clinician to support the decision making process.

3) INNOVATIVE USE AND PROMOTION OF THE JOINT FORMULARY & APC WEBSITES

*"That website is fab, what a great resource. We are ****so***** behind in our CCG "– quote from a Medicines Management Advisor in Southern England about the The Joint Formulary.*

The Nottinghamshire Joint Formulary is used innovatively in contrast to other formularies across the country, (even those using the same software) and the feedback is that this is valued by clinicians. It contributes to reducing health inequalities and improves continuity of care across Nottinghamshire Healthcare Community ensuring that accurate and timely information is available to prescribers.

The formulary significantly helps to facilitate discussions between clinicians across the interface and benefits clinicians / patient decision making during consultations.

"Excellent website and access to guidelines" – comment from survey respondent

4) PATIENT SAFETY

"Really helpful to have [Joint Formulary website], can be used to support difficult discussion" – survey respondent.

The work of the APC makes a significant contribution to improving patient safety in giving clinicians resources to prescribe effectively and safely.

General contribution:

- The Joint formulary improves safety by integrating prescribing across the care interfaces.
- The Joint formulary is used as a means to communicate safety alerts to clinicians.
- The managed introduction of medicines allows new medicine safety aspects to be fully considered.
- Consideration of safety issues when reviewing medicines for inclusion in the formulary.

Specific APC guidelines that have contributed to the safety agenda:

- Misuse potential with pregabalin and gabapentin.
- Anticoagulation in Atrial Fibrillation guidance*.
- Nottinghamshire Primary Care Alcohol Misuse Guidelines
- Guidance on the diagnosis and management of Cow's Milk Allergy.
- Azathioprine for Autoimmune Hepatitis Shared Care Protocol.

*The Anticoagulation in Atrial Fibrillation guidance was a significant piece of work, led on by the APC, to manage the safe implementation of the NICE clinical guidance (and associated Technology Appraisals). The NICE guidance represented a significant change in practice including the prescribing of new agents. A special edition of the APC bulletin was produced to support prescribers with the key changes.

FINANCIAL IMPLICATIONS OF APC DECISIONS TO PRESCRIBING BUDGETS FOR 2014-15

Overall the decisions that the APC made throughout 2014-15 with regard to traffic light classification and inclusion in the formulary resulted in a **net saving/cost avoidance of £11,467** for drug costs for the Nottinghamshire Health Community.

The APC is very mindful of the cumulative effect of its decision making and is producing quarterly finance reports for its stakeholder organisations.

Financial implications of APC decisions to prescribing budgets 2014 – 15

Type of implication	Number of decisions	Cost implication
Cost avoidance	77	£154,019
Cost neutral or unknown	54	N/A
Savings	21	£354,817
Cost pressure	12	£473,969 (of which £374,775 is associated with NICE TA)

Financial implications for of APC decisions to CCG prescribing budget 2014-15

	M&A CCG	N&S CCG	NNE CCG	NWC CCG	R CCG	City CCG
Savings	£65,041	£45,138	£51,535	£32,698	£42,650	£118,709
Cost avoidance	£28,185	£19,560	£22,333	£14,170	£18,482	£51,442
Cost neutral / unknown	£16,448	£11,415	£13,033	£8,269	£10,786	£30,016
Cost pressure	£76,305	£52,955	£60,461	£38,361	£50,036	£139,268

Savings

Potential savings of £354K have been identified from APC decisions which is an increase on those identified last year. The majority of these savings have come from actively including cost effective formulations of oxycodone and tramadol for pain relief in 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 2014-15, primarily because there were less high impact medicines that were new to the market this year. The largest contributor to cost avoidance

for 2014-15 was dapoxetine, a new drug licensed for premature ejaculation which the APC classified as grey following a submission.

Cost neutral

An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community. There may be a slight shift between primary and secondary care but overall for the health community the decision will be cost neutral. Some examples include:

- Change from Amber 2 to Amber 3 traffic light classification to reflect practice.
- Dronedarone where a change to shared care moved the £16K cost from secondary care to primary care but will have reduced hospital activity.

Cost pressure

Decisions made by the APC during 14-15 resulted in a potential cost pressure of £473,969. The majority of the cost pressure is driven by positive NICE TAs where there is a legal requirement to fund treatment.

It should be noted that in past years the actual cost pressures from APC decisions was approximately 10% of the potential cost pressure.

FUTURE PRIORITIES FOR 2015-16

- Continue to support QIPP / new models of care
- Progress with APC improvement plan
- Share good practice and celebrate success of innovative use of the Nottinghamshire Joint Formulary www.nottinghamshireformulary.nhs.uk

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 also like to thank Sarah Pacey and Penny Keith as previous APC members and Jill Theobald and Amanda Rawlings (APC administration team) for their contributions to the committee during 2014-15.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2014-15

Name of Representative	Role within Organisation	Organisation	Organisational Attendance Record					
			May	July	Sep	Nov	Jan	Mar
Judith Gregory	Assistant Chief Pharmacist (from Nov 2014)	Nottingham University Hospitals NHS Trust	✓	✓	✓	✓	✓	✓
Dr Meeta Mallik	Chair NUH DTC							
Sachin Jadhav (Deputy)	Deputy Chair NUH DTC							
Sarah Pacey (Until July 2014)	Assistant Chief Pharmacist (Until Aug 2014)							
Stephen Holden (Deputy)	Deputising for Dr Meeta Malik (Jan 2015)							
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							
Cathy Quinn (Chair)	Associate Director of Public Health	Public Health Nottinghamshire County & Nottingham City	✓	✓	✓	✓	✓	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	Senior Prescribing Advisor	NHS Nottinghamshire County Clinical Commissioning Groups	✓	✓	✓	✓	✓	✓
Dr Khalid Butt	GP -County CCGs (North)							
Dr Alex Macdonald	GP- County CCGs (South)							
Ankish Patel	Community Pharmacist	Local Pharmaceutical Committee	X	X	✓	✓	✓	X
Dr Felicity Armitage	GP	Local Medical Committee	X	X	✓	✓	✓	✓
Penny Keith (Until Nov 2014)	Clinical Nurse Specialist – Long Term Conditions	Nottingham CityCare	✓	✓	X	✓	X	✓
Sarah Potts	Community Matron (From March 2015)							
Lisa Fitzpatrick (Deputy)	Medicines Management Pharmacist							
Neil Nixon	Psychiatric Consultant (From Nov 2014)	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	✓	✓	✓
John Lawton	Senior Pharmacist							
Karen Chadwick (Deputy)	Senior Pharmacist							

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
May-14	Dapoxetine	Premature ejaculation	GREY	New submission	No	Cost avoidance	-£93,000	-£17,019	-£11,811	-£13,485	-£8,556	-£11,160	-£31,062						
May-14	Vesomni	Male LUTS	Grey	New submission	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Epiduo	Acne	Green	New submission	No	Cost saving	-£1,000	-£183	-£127	-£145	-£92	-£120	-£334						Based on no pts in submission using 10% less product comapred to competitor
May-14	Linagliptin and sitagliptin	Type 2 diabetes	Amber 3	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
May-14	Longtec / Shortec	Analgesia	Green	Formulary amendments	No	Cost saving	-£150,520	-£27,545	-£19,116	-£21,825	-£13,848	-£18,062	-£50,274						
May-14	Albiglutide	Type 2 diabetes	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Golimumab	Ulcerative colitis	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Macitentan	Pulmonary arterial hypertension	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Riociguat	Pulmonary hypertension	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Empagliflozin	Type 2 diabetes	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Mysodelle (misoprostol delivery system)	Induction of labour	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
May-14	Amblify Maintena (Aripiprazole prolonged release)	Scizophrenia	Grey (No formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Morphine sulphate suppositories	Analgesia	Grey (No formal assessment)	Formulary amendments	No	Cost avoidance	-£7,661	-£1,402	-£973	-£1,111	-£705	-£919	-£2,559						
May-14	Fluoxetine 10mg tablets	SSRI		Formulary amendments	No	Cost avoidance	-£8,358	-£1,530	-£1,061	-£1,212	-£769	-£1,003	-£2,792						
May-14	Alendronate liquid	Osteoprosis	Grey - non - formulary	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Taurolidine 2% nebuliser solution	B. Cepacia post transplant	Grey - non - formulary	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Oscillating positive Expiratory Pressure devices eg Flutter	CF, COPD	Grey - non - formulary	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Rifaximin	Pouchitis	Grey - non - formulary	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Vibro-pulse	Cellulitis and leg ulcers	Grey - non - formulary	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
May-14	Acetylcysteine	Renal protection	Red	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
May-14	Arginine liquid	Metabolic disorders	Red	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
May-14	Sodium benzoate liquid	Metabolic disorders	Red	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
May-14	DMSO bladder instillaiton	Interstitial cystitis	Red	horizon scanning	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
May-14	Albendazole (unlicensed special)	various	Amber 2	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Currently Green

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
May-14	Leuprorelin	Prostate cancer when s/c injections needed	Amber 2	Formulary amendments	No	cost saving	-£765	-£140	-£97	-£111	-£70	-£92	-£256						Savings if 20% patients switched
May-14	Acetylcysteine	CF and pulmonary fibrosis	Amber 2	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Had previously been Red in North
May-14	Glycopyrronium solution and tablets	Hypersalivation/upper airways secretion in paediatrics	Amber 2	Formulary amendments	No	Cost saving	£0	£0	£0	£0	£0	£0	£0						Rationalisation of strength to bring about cost savings
May-14	Boostrix IPV	Booster vaccination	Green	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						centrally funded
May-14	Tamsulosin MR	Benign prosatatic hyperplasia	Green	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Already included in guideline
May-14	Doxazosin	Benign prosatatic hyperplasia	Green	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Already included in guideline
May-14	Alfuzosin MR	Benign prosatatic hyperplasia	Green	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Already included in guideline
May-14	Fluoxetine 20mg dispersible tablets	Depression	Green	Formulary amendments	No	Cost saving	-£1,170	-£214	-£149	-£170	-£108	-£140	-£391						Approx half cost of liquid
May-14	Similac alimentum	cow's milk protein allergy	Green	Formulary amendments	No	Cost saving	£0	£0	£0	£0	£0	£0	£0						alternative to nutramigen
May-14	colecalciferol (dekristol or Pro D3)	Vitamin D deficiency	N/A	Formulary amendments	No	Cost saving	£0	£0	£0	£0	£0	£0	£0						Recommendation to prescribe by brand
Jul-14	Spiriva Respimat®	COPD	Amber 1	TL classification review	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Fluticasone furoate and vilanterol (Relvar® Ellipta®, GSK)	Asthma	Grey	New submission	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jul-14	Fluticasone furoate and vilanterol (Relvar® Ellipta®, GSK)	COPD	Grey	New submission	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Insulin Degludec (Tresiba®, NovoNordisk)	Patients with T1DM currently treated with insulin glargine & recurrent admissions for DKA due to insulin omission. Patients with T1DM currently treated with insulin glargine with recurrent, particularly nocturnal, severe hypoglycaemia.	Amber 2	New submission	No	Cost pressure	£19,425	£3,555	£2,467	£2,817	£1,787	£2,331	£6,488						NB costs of reductions in admisions not taken into account
Jul-14	Azathioprine	autoimmune hepatitis	Red	New submission	No	Cost neutral	£24,000	£4,392	£3,048	£3,480	£2,208	£2,880	£8,016						Likely to be much less than this as some prescribing already happening
Jul-14	Domperidone	Galactogogue	Green	New submission	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Levonorgestrel intrauterine system Jaydess®	contraception	Green	New submission	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Jext (adrenaline)	anaphylaxis	Green	New submission	No	Cost saving	-£16,000	-£2,928	-£2,032	-£2,320	-£1,472	-£1,920	-£5,344						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jul-14	Age related Macular degeneration supplements(Viteyes, PreserVision, Vitalux Plus, Macushield, Ocuvite).	Age related macular degeneration	Grey	Formulary amendments	No	cost saving	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Budesonide + formotorol	Asthma and chronic obstructive pulmonary disease		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Canagliflozin + metformin IR	Type 2 diabetes mellitus		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Umeclidinium	Long-acting muscarinic antagonist, Chronic obstructive pulmonary disease (COPD)		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jul-14	Alprostadil 3mg/g cream Source: NICE Medicines Awareness Daily (15/5/14)	Erectile dysfunction (direct application to tip of penis).		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Canagliflozin	T2DM	Amber 2	New submission	Yes	Cost pressure	£270,975	£49,588	£34,414	£39,291	£24,930	£32,517	£90,506						Based on NICE costing tool but likely to be less than this.
Sep-14	Dapgliflozin	T2DM	Amber 2	Formulary amendments	Not for this indicaiton	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Lubiprostone	Constipation	Amber 2	New submission	Yes	Cost pressure	£42,000	£7,686	£5,334	£6,090	£3,864	£5,040	£14,028						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Sep-14	Prasugrel	PCI	Amber 2	TL classification review	Yes	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Imiquimod 3.75% cream (Zyclara®)	Actinic Keratosis	Amber 3	New submission	No	cost pressure	£5,000	£915	£635	£725	£460	£600	£1,670						Likely small patient nos - review ePACT
Sep-14	Apixaban, rivaroxaban, dabigatran	Stroke prevention in AF	Amber 3	TL classification review	Yes	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Detailed costings have been sent to the CCGs & previously highlighted
Sep-14	Ophthalmic specials	Various	Grey	TL classification review	No	cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Bupivicaine hyrochloride	Local anaesthetic	Green for this indication only.	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Colecalciferol 3,200IU capsules (equivalent to 80 micrograms vitamin D3)	Viitamin D deficiency	Grey non-formulary	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Tapentadol liquid	Moderate to severe acute pain	Amber 2	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Potassium Iodide capsules	Blockade of thyroid uptake of radioiodine	RED	Formulary amendments	No	Cost pressure	£0	£0	£0	£0	£0	£0	£0						Minimal
Sep-14	Clobazam liquid	Adjunct in epilepsy (licensed from 6 years of age)	Add 10mg/5ml liquid to the formulary and make 5mg/5ml non-formulary GREY	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						Unable to quantify

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Sep-14	Colecalciferol 25,000 oral snap and squeeze ampoules	Vit D deficiency	Grey non-formulary	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Topal alginate tablets - discontinued		Change to Grey non-formulary with note about discontinuation	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Donepezil oral solution	alzheimer's	Grey non-formulary (no formal assessment)	Formulary amendments	No	Cost saving	£0	£0	£0	£0	£0	£0	£0						Minimal cost saving
Sep-14	Dexamfetamine oral solution	Narcolepsy(adults) and ADHD (children)	Grey non-formulary (no formal assessment)	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Gentamicin IM for catheter changes	small subgroup of patients with a catheter	Leave Gentamicin as Red generally but add this indication as Amber 2	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Nutriplen	Sip feed	Add to formulary	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Ensure Compact	Sip feed	Add to formulary	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Triamcinolone	Hayfever	Grey non-formulary	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Posaconazole tablets	Prophylaxis of invasive fungal infections in BMT or chemotherapy.	Refer to Trust DTC	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Sep-14	Propranolol liquid	Treatment of proliferating infantile haemangioma requiring systemic therapy	Grey non-formulary (no formal assessment)	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Brinzolamide and brimonidine	Glaucoma	Grey non-formulary (no formal assessment)	Horizon scanning	No	Unknown	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Dabigatran etexilate	Deep vein thrombosis and pulmonary embolism	Grey non-formulary (no formal assessment)	Horizon scanning	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Apixaban	Deep vein thrombosis and pulmonary embolism	Grey non-formulary (no formal assessment)	Horizon scanning	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Denosumab	Osteoporosis in men	Grey non-formulary (no formal assessment)	Horizon scanning	No	cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Insulin Glargine biosimilar	diabetes mellitus	Grey non-formulary (no formal assessment)	Horizon scanning	No	Unknown	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Follicle Stimulating Hormone Biosimilar	In vitro fertilisation	Grey non-formulary (no formal assessment)	Horizon scanning	No	Unknown	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Clindamycin/tretinoin gel	acne	Grey non-formulary (no formal assessment)	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Sep-14	Imuderm emollient	emollient	Grey non-formulary (no formal assessment)	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	imuDERM Bio Functional Garments	eczema	Grey non-formulary (no formal assessment)	Horizon scanning	No	cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Sodium Chloride 5% preservative free eye drops	corneal oedema symptoms	Add to formulary instead of unlicensed special. Consider Amber 2 classification as not used as an ocular lubricant	Horizon scanning	No	cost saving	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Yes® water-based intimate lubricant	vaginal moisturiser and lubricant	Grey non-formulary (no formal assessment)	Horizon scanning	No	unknown	£0	£0	£0	£0	£0	£0	£0						
Sep-14	Bedaquiline	TB	Grey non-formulary (no formal assessment)	Horizon scanning	No	cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Beclomethasone (Clipper)	Ulcerative colitis	Amber 2	New submission	No	cost pressure	£5,556	£1,017	£706	£806	£511	£667	£1,856						
Nov-14	Nadolol	Long QT syndrome	Amber 2	New submission	No	cost pressure	£1,171	£214	£149	£170	£108	£141	£391						
Nov-14	Lisdexamfetamine	ADHD	Red	New submission	No	Cost pressure	£57,000							£19,322	£19,322	£18,356			
Nov-14	Clonazepam Liquid	Epilepsy / restless legs	Amber 2	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						Rationalisation of strengths

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Nov-14	Glycopyrronium tablets 1mg tablets	Hypersalivation in paeds (2nd line option after hyoscine)		Formulary amendments	No	Cost saving	-£36,000	-£6,588	-£4,572	-£5,220	-£3,312	-£4,320	-£12,024						Halve the 2mg tablets. Based on using 2mg tabs instead of 1mg
Nov-14	Liothyronine	Hypothyroidism	GREY	Formulary amendments	No	Cost avoidance	-£6,000	-£1,098	-£762	-£870	-£552	-£720	-£2,004						3 patients per year prevented at £2K per annum
Nov-14	Zoledronic acid IV	Osteoporosis	Amber 2	Formulary amendments	No	Cost neutral	£0	£0	£0	£0	£0	£0	£0						Only in CCG where pathway exists. Activity savings.
Nov-14	Tramadol MR (Marol MR and Tamulief SR brands only)	Pain	Green	Formulary amendments	No	Cost saving	-£117,462	-£21,496	-£14,918	-£17,032	-£10,807	-£14,095	-£39,232						Chris day calculating
Nov-14	Meningococcal group B Vaccine (Bexsero)	Post splenectomy	Amber 2	Formulary amendments	No	Cost pressure	£0	£0	£0	£0	£0	£0	£0						
Nov-14	sucroferric oxyhydroxide	Phosphate binder	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Perampanel	adjunctive treatment of primary generalised tonic-clonic seizures	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Insulin glargine biosimilar	Type 1 and 2 diabetes mellitus in adults and children aged 2 years and older	Grey - no formal submisison	Horizon scanning	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						May potentially be savings but requires discussion to ensure safe introduction.

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Nov-14	Naloxegol	Opioid-induced constipation	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	-£37,000	-£6,771	-£4,699	-£5,365	-£3,404	-£4,440	-£12,358						
Nov-14	Ketoconazole	Cushings disease	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						Likely PHE
Nov-14	Tiotropium	asthma	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Fostair NEXThaler	Asthma	Grey - no formal submisison	Horizon scanning	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Doublebase Dayleve	Emollient	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Skin Salvation cream	Emollient	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Nov-14	Progestogen (microionised) oral/ vaginal capsules	HRT and fertility treatment	Grey - no formal submisison	Horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Avanafil (spedra®▼, menarini)	Erectile dysfunction	Green	New submission	No	cost saving	-£8,500	-£ 1,556	-£ 1,080	-£ 1,233	-£ 782	-£ 1,020	-£ 2,839						
Jan-15	Estradiol/nomegestrol (Zoely®▼, MSD)	contraception	Grey	New submission	No	Cost avoidance	-£2,000	-£366	-£254	-£290	-£184	-£240	-£668						
Jan-15	Brinzolamide and brimonidine	Glaucoma	Grey	New submission	No	cost pressure	£62	£11	£8	£9	£6	£7	£21						
Jan-15	Clindamycin/tretinoin gel	Acne	Green	New submission	No	cost saving	-£600	-£110	-£76	-£87	-£55	-£72	-£200						
Jan-15	Nalmefene (Selincro®▼Lundbeck)	Alcohol dependence	Amber 2	New submission	Yes	Cost pressure	£61,800	£11,309	£7,849	£8,961	£5,686	£7,416	£20,641						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jan-15	Colecalciferol (Invita D3®▼, Consilient Health)	Vitamin D3 deficiency	Green	New submission	No	cost saving	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Tiotropium (Spiriva®Respimat®, Boehringer)	Asthma	Amber 2	New submission	No	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Dolutegravir + abacavir + lamivudine	HIV infection in adults and adolescents aged 12 years and older	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Simoctocog alfa	Haemophilia A – treatment and prophylaxis in all age groups	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Budesonide	Mild-to-moderate ulcerative colitis – induction of remission	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Ibrutinib	Chronic lymphocytic leukaemia and Mantle cell lymphoma	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Bazedoxifene + conjugated estrogens	Menopausal symptoms in postmenopausal women with a uterus	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Calcium/colecalciferol 1000 mg/880 IU chewable tablets	vitamin D and calcium deficiency in the elderly and as vitamin D and calcium supplement as an adjunct to specific osteoporosis treatment	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jan-15	Oxycodone/ naloxone	Idiopathic restless legs syndrome – second-line after failure of dopaminergic therapy	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Diphenhydramine 50 mg powder for oral solution	Indicated as an aid to the relief of temporary sleep disturbance.	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Idelalisib	CLL and follicular lymphoma	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Desogestrel 150 mcg/ ethinyl estradiol 20 mcg	Contraception	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Calcium/colecalciferol 1000 mg/800 Units	Indicated for the prevention and treatment of vitamin D and calcium deficiency in the elderly.	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Teduglutide	Short bowel syndrome	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Peginterferon beta-1a	Multiple sclerosis	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jan-15	Autologous cartilage cells	repair of single symptomatic cartilage defects of the femoral condyle of the knee	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Para-aminosalicylic acid	Multi-drug resistant tuberculosis	Red	horizon scanning	No	unknown		£0	£0	£0	£0	£0	£0						
Jan-15	Nintedanib	Non-small cell lung cancer in adults – second-line	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Filgrastim biosimilar	Neutropenia	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Darunavir + cobicistat	HIV infection in treatment-naïve and experienced adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Catridecacog	Congenital factor XIII A-subunit deficiency in children aged under six years	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Sofosbuvir + ledipasvir	Chronic hepatitis C virus infection in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Posaconazole (IV formulation)	Fungal infections in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Factor IX, recombinant	Haemophilia B in all age groups – treatment and prophylaxis	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0						

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Jan-15	Sastravi®	Parkinsons	Amber 2	Formulary amendments	no	Cost saving	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Ceftriaxone and teicoplanin for cellulitis in primary care	Uncomplicated cellulitis in adults	Amber 2	Formulary amendments	no	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Propranolol	Haemangioma	Amber 2	Formulary amendments	no	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Glycopyrronium injection	Secretions in palliative care	Amber 2	Formulary amendments	no	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Promethazine for sedation	Sedation in children with ADHD/ learning disabilities	Amber 2	Formulary amendments	no	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Jan-15	Liothyronine	Depression	Red	Formulary amendments	no	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Mar-15	Duloxetine	Neuropathic pain	Amber 3	New submission	No	cost saving	£0	£0	£0	£0	£0	£0	£0						Unable to quantify
Mar-15	Dabigatran etexilate	DVT/PE	Amber 2	New submission	Yes	cost neutral	£0	£0	£0	£0	£0	£0	£0						
Mar-15	Flutter and acapella	For retained respiratory secretions	Red	New submission	No	Cost saving	-£23,400	-£4,282	-£2,972	-£3,393	-£2,153	-£2,808	-£7,816			£ 3,645	£ 3,645		Saving assumes: 180 patients per year, 50% of which will not have carbocisteine or saline nebs (cost £300 per annum).
Mar-15	Denosumab	Osteoporosis in men	Red	New submission	No	cost pressure	£10,980	£2,009	£1,394	£1,592	£1,010	£1,318	£3,667	£7,320	£3,660				Already being treated at NUH therefore numbers based on 20 new male patients

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Mar-15	Denosumab	Osteoporosis in women	Amber 1	TL classification review	no	Cost neutral	£0	£12,056	£8,367	£9,553	£6,061	£7,906	£22,000	-£51,240	-£14,640				Prescribing cost will move from secondary to primary care (based on 180 patient estimate)
Mar-15	Glycopyronnium oral tablets	Hyperhidrosis (sweating)	Grey	Formulary amendments	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Novorapid PumCart	Diabetes	Amber 2	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Brinzolamide/ brimonidine eye drops	Glaucoma	Amber 2 (specialist initiation)	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Phentolamine and Papaverine	Erectile dysfunction	Grey	Formulary amendments	No	cost neutral	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Cost effective insulin pen needles	Diabetes	Green	Formulary amendments	No	Cost saving	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Exenatide MR pen	Type 2 diabetes mellitus	Amber 2	horizon scanning	No	cost neutral	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Ramucirumab	Gastric or gastro-oesophageal junction adenocarcinoma in adults – second-line	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Levofloxacin (inhaled)	Cystic fibrosis-associated chronic Pseudomonas aeruginosa infection in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Mar-15	naltrexone + bupropion	Weight management in adults who are obese, or those who are overweight and have one or more complications related to their weight	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Safinamide	Parkinson's disease, mid-to late-stage, in adults – add-on therapy to levodopa	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Zinc/copper/manganese/ sodium/potassium/ chromium/ferrous gluconate Concentrate for solution for infusion	Indicated as part of an intravenous nutrition regimen, to cover basal or moderately increased trace element requirements in parenteral nutrition.	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Eliglustat	Indicated for the long-term treatment of adult patients with Gaucher disease type 1, who are CYP2D6 poor metabolisers, intermediate metabolisers or extensive metabolisers.Designated orphan medicinal product.	Grey non-formulary (no formal assessment)	horizon scanning	No	cost neutral	£0	£0	£0	£0	£0	£0	£0	£0	£0				

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Mar-15	Secukinumab	Indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Apremilast	psoriatic arthritis		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Everolimus	Prevention of organ rejection in adults receiving a heart, kidney or liver transplant	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Ospemifene	vulvar and vaginal atrophy in post-menopausal women who are not candidates for local vaginal oestrogen therapy	Grey non-formulary (no formal assessment)	horizon scanning	No	cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Vorapaxar	Indicated for co-administration with acetylsalicylic acid and, where appropriate, clopidogrel, is indicated for the reduction of atherothrombotic events in adult patients with a history of myocardial infarction.		horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Dasabuvir	hepatitis C	Red	horizon scanning	No	Unknown	£0	£0	£0	£0	£0	£0	£0	£0	£0				

Appendix 2 Cost implications of APC decisions for 2014/15

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	Quantify financial impact	Cost implications Primary Care						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	
Mar-15	Rivaroxaban	Prevention of cardiovascular disease in patients with atrial fibrillation undergoing cardioversion [licence extension]	Grey non-formulary (no formal assessment)	horizon scanning	No	cost saving	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Ombitasvir/paritaprevir/ritonavir	hepatitis C	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	oritavancin	Acute bacterial skin and skin structure infections in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Tedizolid phosphate	Acute bacterial skin and skin structure infections in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Eliglustat	Type 1 Gaucher's disease in adults	Grey non-formulary (no formal assessment)	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				
Mar-15	Colecalciferol 20,000 IU capsules	Vit D deficiency	Amber 3	horizon scanning	No	Cost avoidance	£0	£0	£0	£0	£0	£0	£0	£0	£0				JF has been amended to reflect availability of licensed products as Dekristol likley to be no longer available. No brand recommendation made
						Total	**-£11,467**	**-£473**	**-£328**	**-£375**	**-£238**	**-£310**	**-£868**	**-£24,598**	**£8,342**	**£22,001**	**£3,645**		

APPENDIX 3 – 2014-15 APC RATIFIED DOCUMENTS

Date of Meeting	Title	SCP / Guideline / Other	Update or new
May 2014	Nottinghamshire smoking cessation guidance	Guideline	Update
	Home oxygen pathway for cluster headache	Guideline	New
	Enoxaparin Information Sheet	Guideline	Update
July 2014	Nottinghamshire COPD Guideline	Guideline	Update
	Prescribing of Non-staple Gluten free foods	Position Statement	Update
September 2014	Anticoagulation in Atrial Fibrillation	Guideline	New
	Azathioprine for IBD	SCP	Update
	Mercaptopurine for IBD	SCP	Update
	Misuse potential with pregabalin and gabapentin	Position statement	New
	Azathioprine for Autoimmune Hepatitis	SCP	New
Jan 2015	Treatment Algorithm for the Management of Type 2 diabetes	Guideline	Update
	Guidance on the diagnosis and management of Cow's Milk Allergy	Guideline	Update
	Nottinghamshire Primary Care Alcohol Misuse Guidelines	Guideline	Update
	Atypical antipsychotic prescribing information sheets		
	- Amisulpiride	Guideline	Update
	- Aripiprazole	Guideline	Update
	- Clozapine	Guideline	Update
	- Olanzepine	Guideline	Update
	- Quetiapine	Guideline	Update
	- Risperidone	Guideline	Update
March 2015	Primary care laxative guidance for patients taking opioids	Guideline	New
	Dronedarone Shared Care Protocol	SCP	New
	Nottinghamshire Neuropathic Pain Guidance	Guideline	Update

APPENDIX 4 – NOTTINGHAMSHIRE JOINT FORMULARY GROUP ANNUAL REPORT 2014-15

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 by:

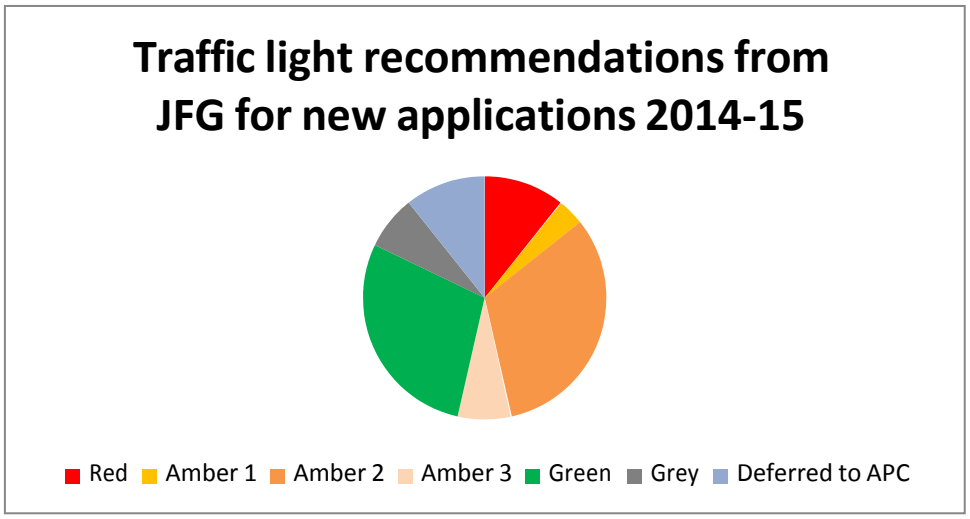
- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary
- Classifying of these products within the Nottinghamshire Traffic Light system

There have been six meetings of the NJFG with good attendance from all organisations and professional groups.

Key Achievements

1) <u>New Medicine Submission Reviews and Recommendations to APC</u>

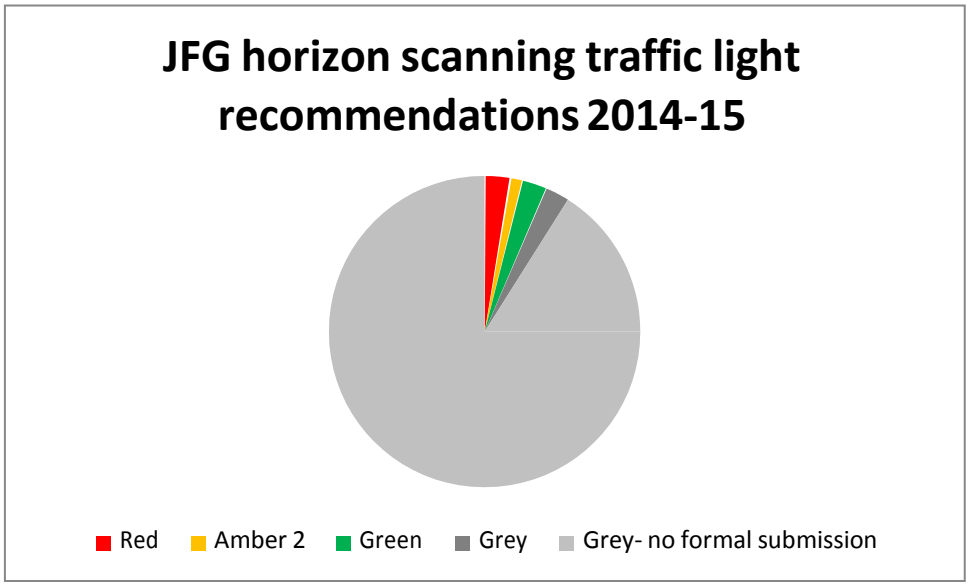
28 new applications were reviewed by the NJFG and outcomes are detailed below:



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 sent to APC for ratification.

2) <u>Horizon scanning.</u>

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. Traffic light recommendations have been made for 78 medicines as a result of horizon scanning activities at JFG. The details of which are shown below:



A minor change has been made to the wording of the grey classification used for medicines identified during horizon scanning activities. “Grey- no formal submission” was felt to better reflect the status of these medicines than the previous “Grey-awaiting assessment” classification.

3) Contribution to the QIPP agenda
The NJFG continues to contribute to the QIPP agenda by co-ordinating cost-saving initiatives across the health community. Branded generic oxycodone prescribing is an example which has released considerable savings in addition to risk minimisation. Other areas of involvement include dopamine agonist prescribing in Parkinson’s Disease, liothyroninine usage and dutasteride prescribing.

4) Positive user feedback on the Nottinghamshire Joint Formulary
The Joint formulary is highly regarded amongst users locally and has been the subject of positive feedback from colleagues in external organisations. The following comment was received in the APC survey:

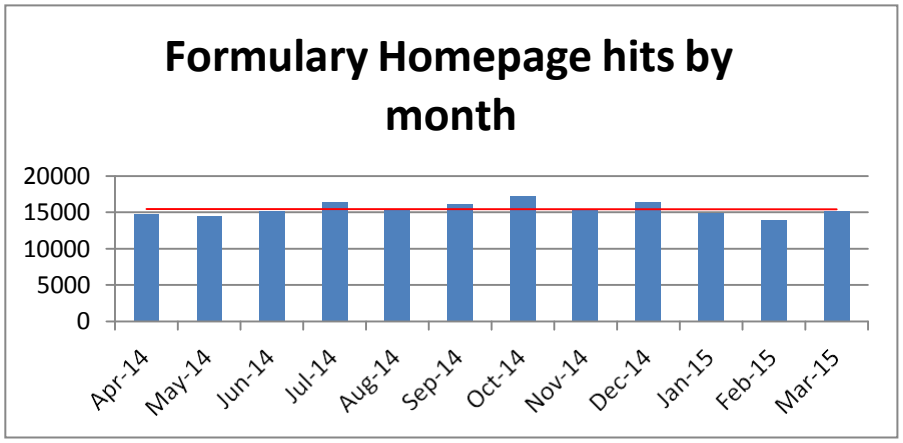
“Very helpful information, guidance, traffic lights, formulary - consistency across the health community” – survey respondent.

Review against priorities identified in 2013-2014 report

1) The managed introduction of new medicines has remained a key function of the NJFG. Proactive NICE TA implementation is now 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.

2) Increase the focus of the SIFP on the Mental Health Interface agenda. The SIFPs have aided the update of several mental health prescribing guidelines and are currently involved in discussions about the prescribing responsibility for medicines for ADHD.

3) Continue to raise awareness of the Joint Formulary with clinicians in both primary and secondary care so that use of the formulary increases. Formulary traffic appears to have reached a plateau, however considerable efforts have been made to increase awareness of the Joint Formulary and formulary processes by liaising pro-actively with clinicians around prescribing issues that affect the interface.



4) Updating the Nottinghamshire Joint Formulary. The formulary has continued to be updated regularly with new information as it becomes available. The formulary is a 'live' resource which is actively managed to ensure it is up to date. A considerable amount of effort goes in to maintaining the formulary to ensure it is regularly updated and therefore fit for purpose.

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 early stage to increase knowledge of formulary and APC processes. A key area of focus this year will be the new inhalers for the treatment of asthma and COPD.

2) To identify and pursue formulary rationalisation and adherence in key areas. Initial areas of work will include eye drops for glaucoma and the treatment of dry eyes.

3) Updating the Nottinghamshire Joint Formulary and maintaining the dynamic nature of the resource remains a key priority.

Greater East Midlands Commissioning Support Unit

Nottinghamshire Area Prescribing Committee 2014 Survey

Results Analysis

APC Survey Results

Overview

The APC survey consisted of nine multiple choice questions, as well as the opportunity at the end of the survey to leave additional comments on how the APC could be included. There was also the option to leave additional comments on some of the other questions. The survey was available for staff to complete online, and ran from Monday July 14th to Friday August 15th.

There were 350 responses to the survey. 14 of these responses came from individuals working in Derbyshire. As these individuals are not covered by the work of the Nottinghamshire APC, there results have been excluded from this analysis, but have been shown to and discussed with the members of the APC involved in commissioning this survey.

Overall the results from the survey were positive. Respondents were largely positive about the APC and Joint Formulary websites, as well as their understanding of APC priorities. Similarly, respondents agreed that guidance was followed in the main by both themselves and their organisations, and that APC decisions are consistent, equitable, evidence based, relevant and transparent.

Five recommendations were made from the analysis included in this report, and these have been shared with the APC staff members involved in commissioning the survey, and will be used to aid continued improvement of the APC going forward.

Overall Results

Section 1: You and the APC

The first question of the survey asked respondents to identify the organisation they work for. The chart below shows the responses grouped into categories:

CCGs: Mansfield & Ashfield CCG, Newark & Sherwood CCG, Nottingham North & East CCG, Nottingham City CCG, Nottingham West CCG, Rushcliffe CCG

General Practices: Anyone replying with 'General Practice', 'Medical Practice', or 'Surgery'

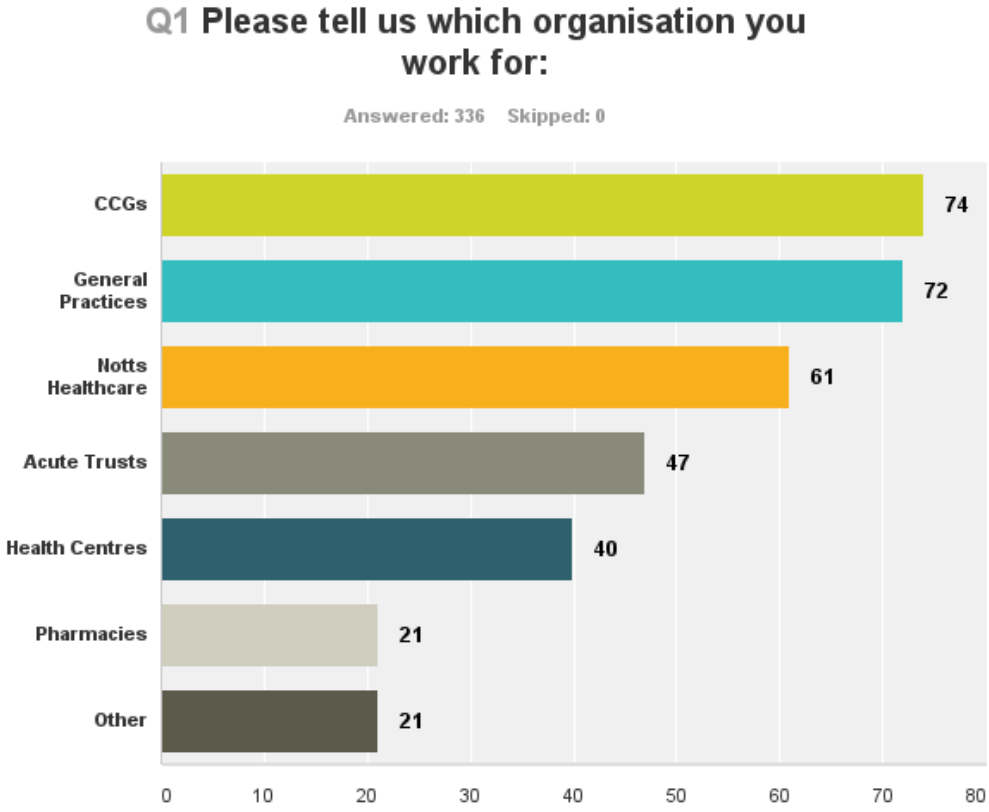
Notts Healthcare: Nottinghamshire Healthcare, including respondents who specified role was in Bassetlaw Health Partnerships, County Health Partnerships or Mental Health Services for Older People.

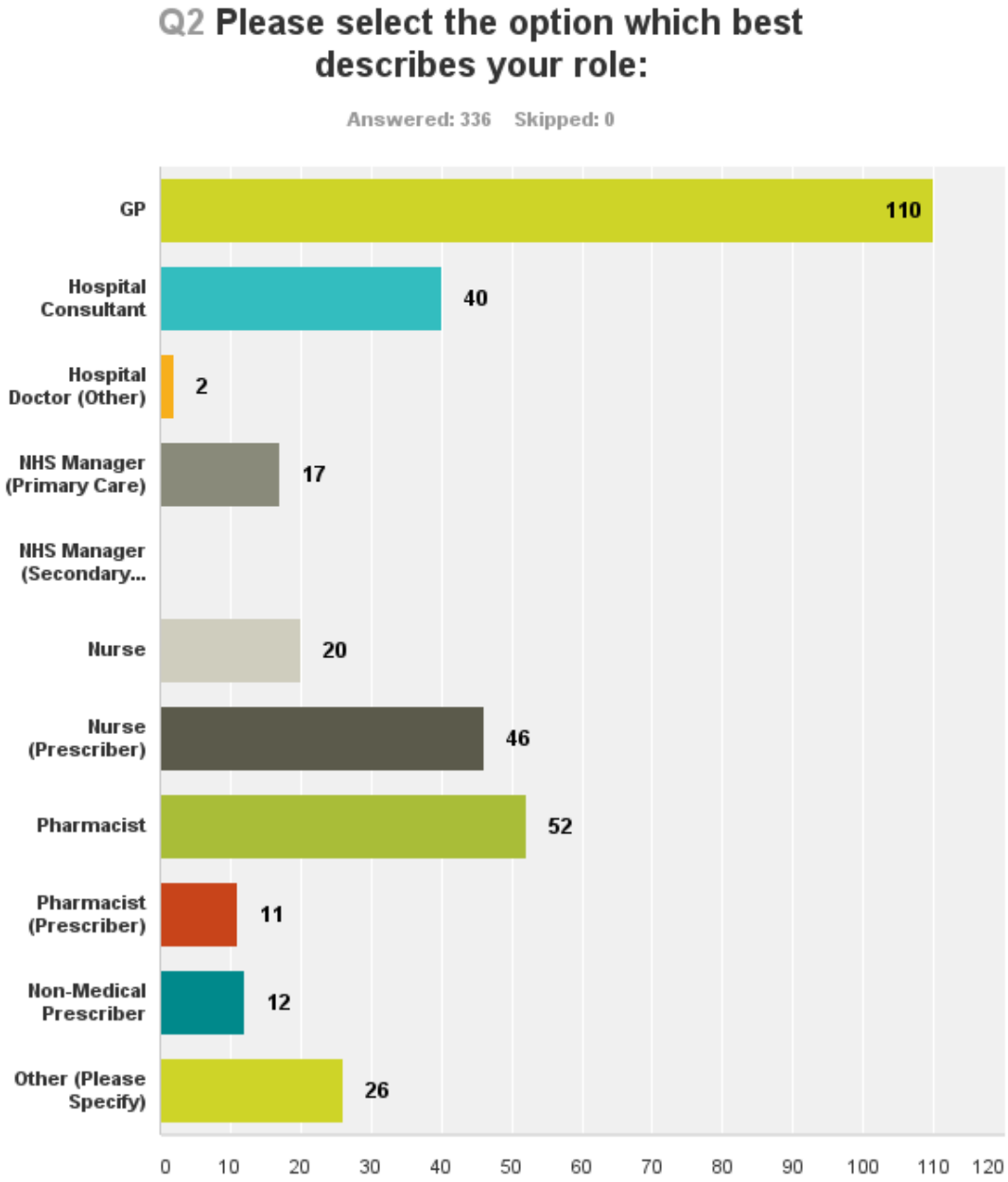
Acute Trusts: Nottingham Woodthorpe Hospital, Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust

Health Centres: Anyone replying with 'Health Centre', 'Medical Centre' or 'Treatment Centre'

Pharmacies: Any staff responding with 'Pharmacy'

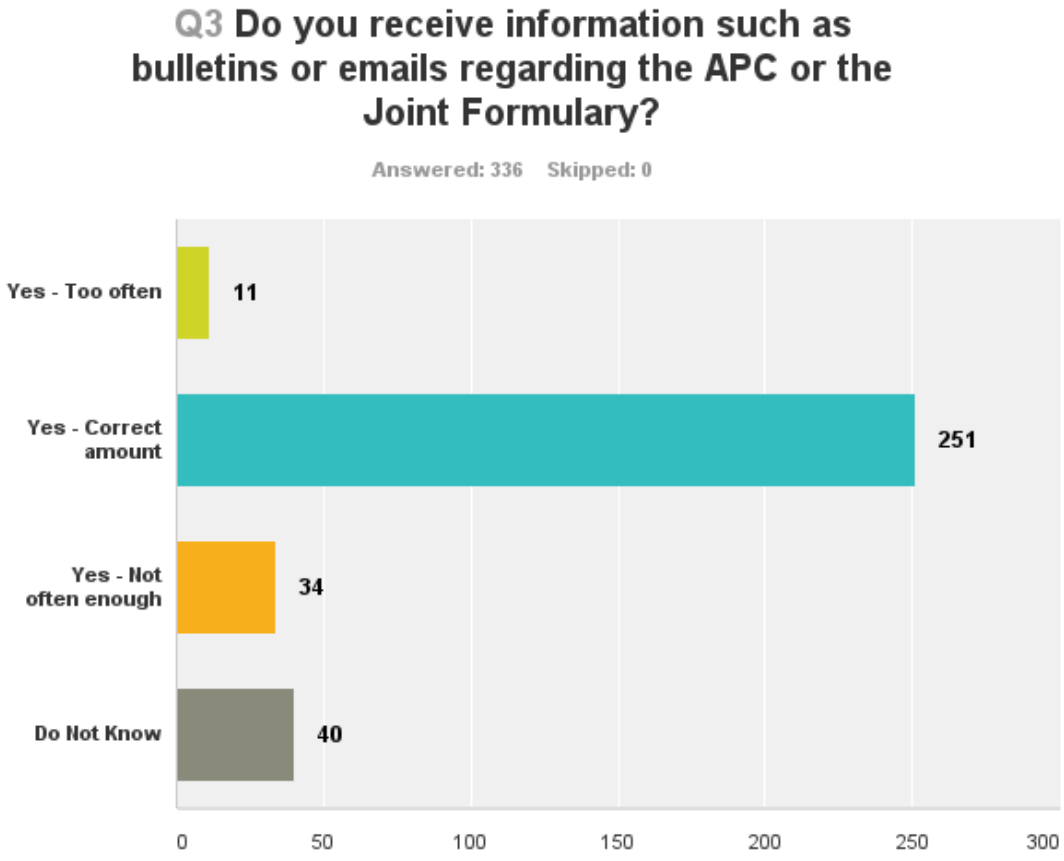
Other: Respondents specifying any of ten other organisations. Including non-specific answers such as 'NHS' and 'Primary Care', and singular answers not fitting into other categories, such as 'Nottinghamshire County Council'.





The job role of respondents was spread across a number of categories, with GPs representing 33% of respondents, followed by Pharmacists (15%), Nurse Prescribers (14%) and Hospital Consultants (12%).

The 26 'Other (Please Specify)' covered a number of roles not included on the initial list of options, such as Public Health Consultant, Health Visitors, and Administrative roles.

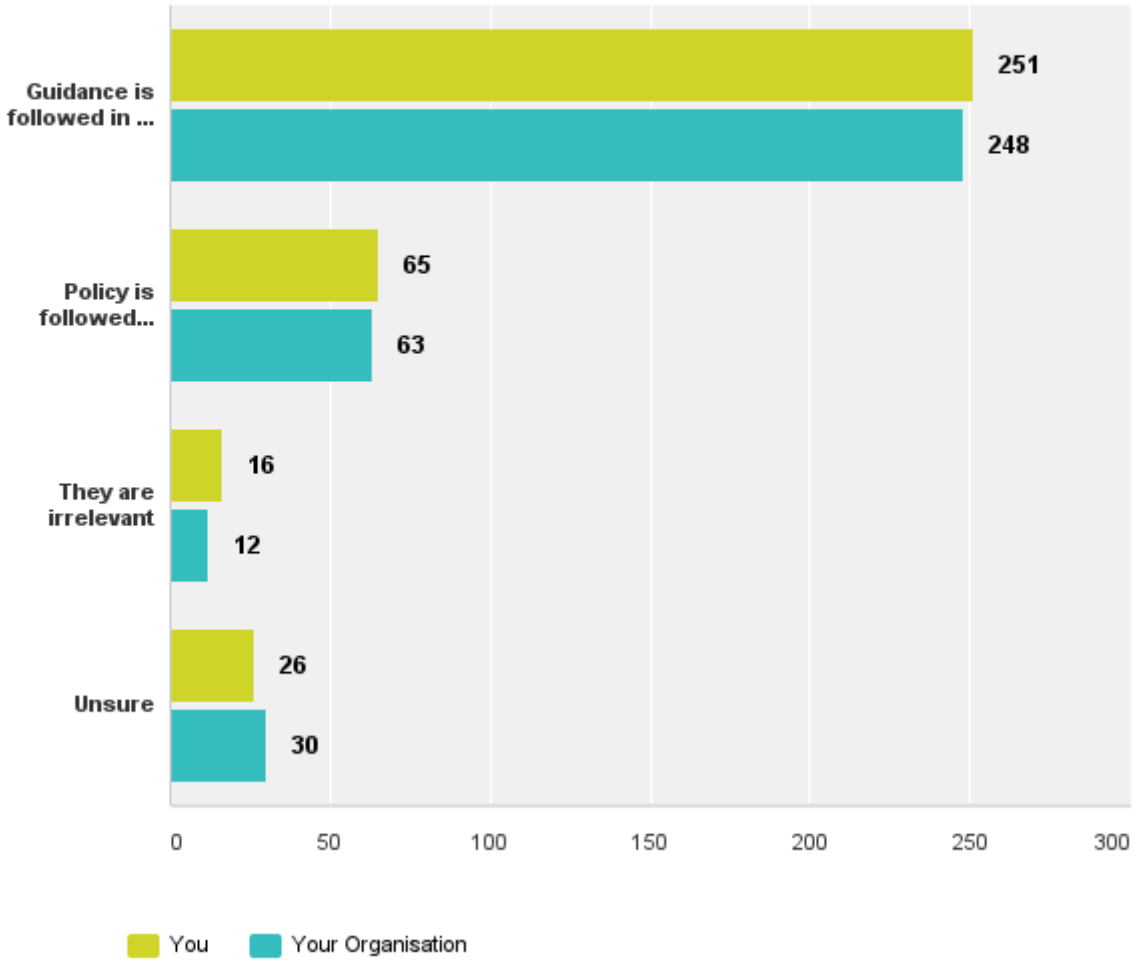


75% of respondents believe that they receive the correct amount of information about the APC and Joint Formulary. 12% of respondents did not know whether they receive information, while slightly more respondents felt that they received too little information (10%) rather than too much (3%).

Four respondents requested in question ten to be added to the APC distribution list. This consisted of two who had answered 'Do Not Know', one who had answered 'Yes – Correct amount' and one who had answered 'Yes – Too often'.

Q4 How do you think the Nottinghamshire Area Prescribing Committee decisions apply to you and your organisation?

Answered: 336 Skipped: 0

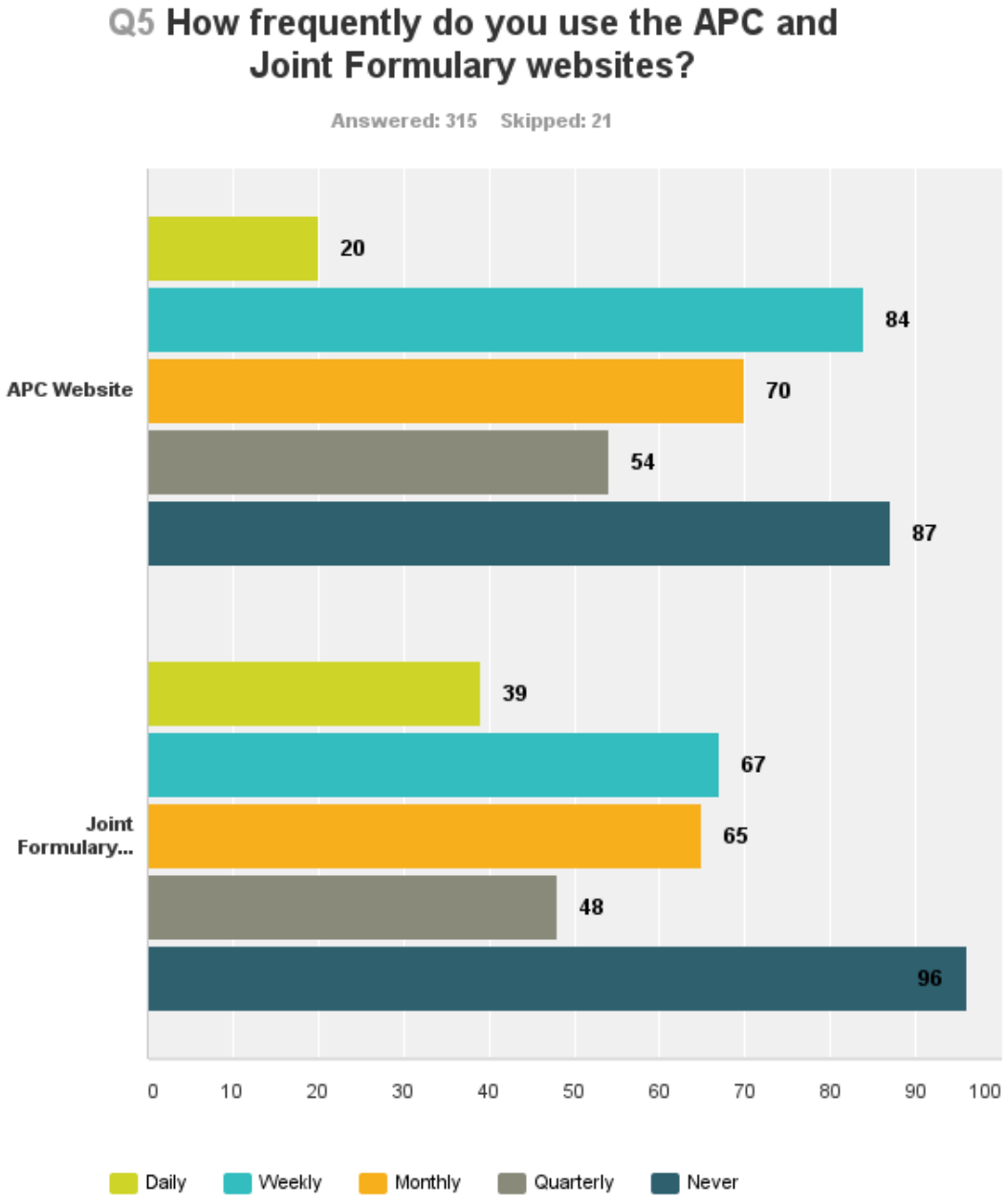


Positively, the vast majority of respondents believe that 'guidance is followed in the main' by both themselves (75%) and their organisations (74%). A significant minority believe that policy is followed rigidly, 19% individually, and 19% for their organisation, and a smaller minority believe that the APC's decisions are irrelevant; 5% individually and 4% for their organisation. A notable minority were unsure how the APC's decisions apply to them (8%) or their organisation (9%).

As would be expected there is a strong correlation between answers for 'You' and 'Your Organisation'. 211 respondents who personally follow guidance in the main believe their organisations do the same. 41 respondents who personally follow policy rigidly believe their organisations do to. 10 respondents who personally find the APC's decisions irrelevant believe they are also irrelevant for their organisations, and 14 respondents who are unsure how the APC's decisions affect them personally are also unsure how their organisations are affected.

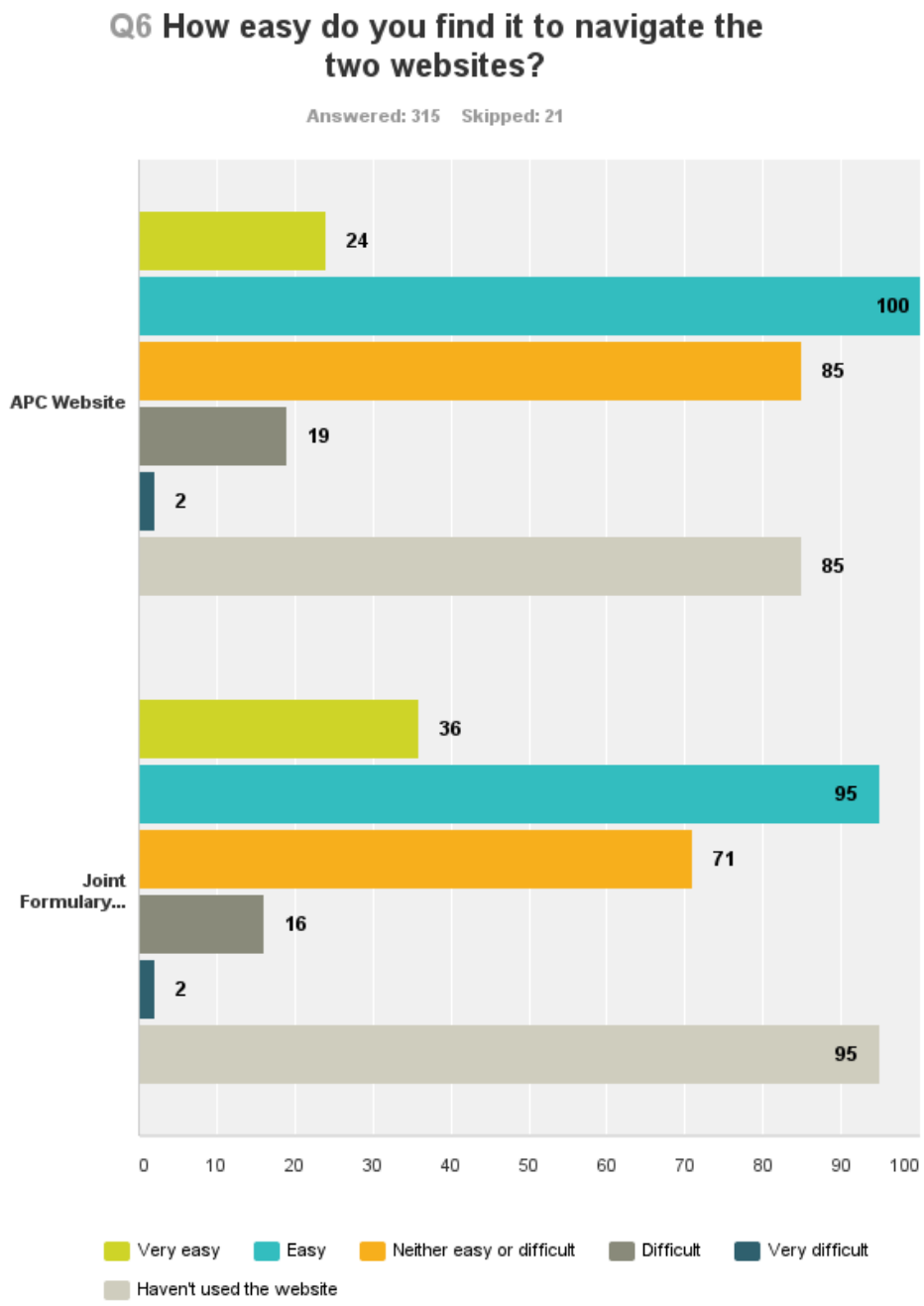
Respondents were given the option to provide additional comments for this question. These comments have been passed on to the members of the APC involved in commissioning this survey.

Section 2: Our Website



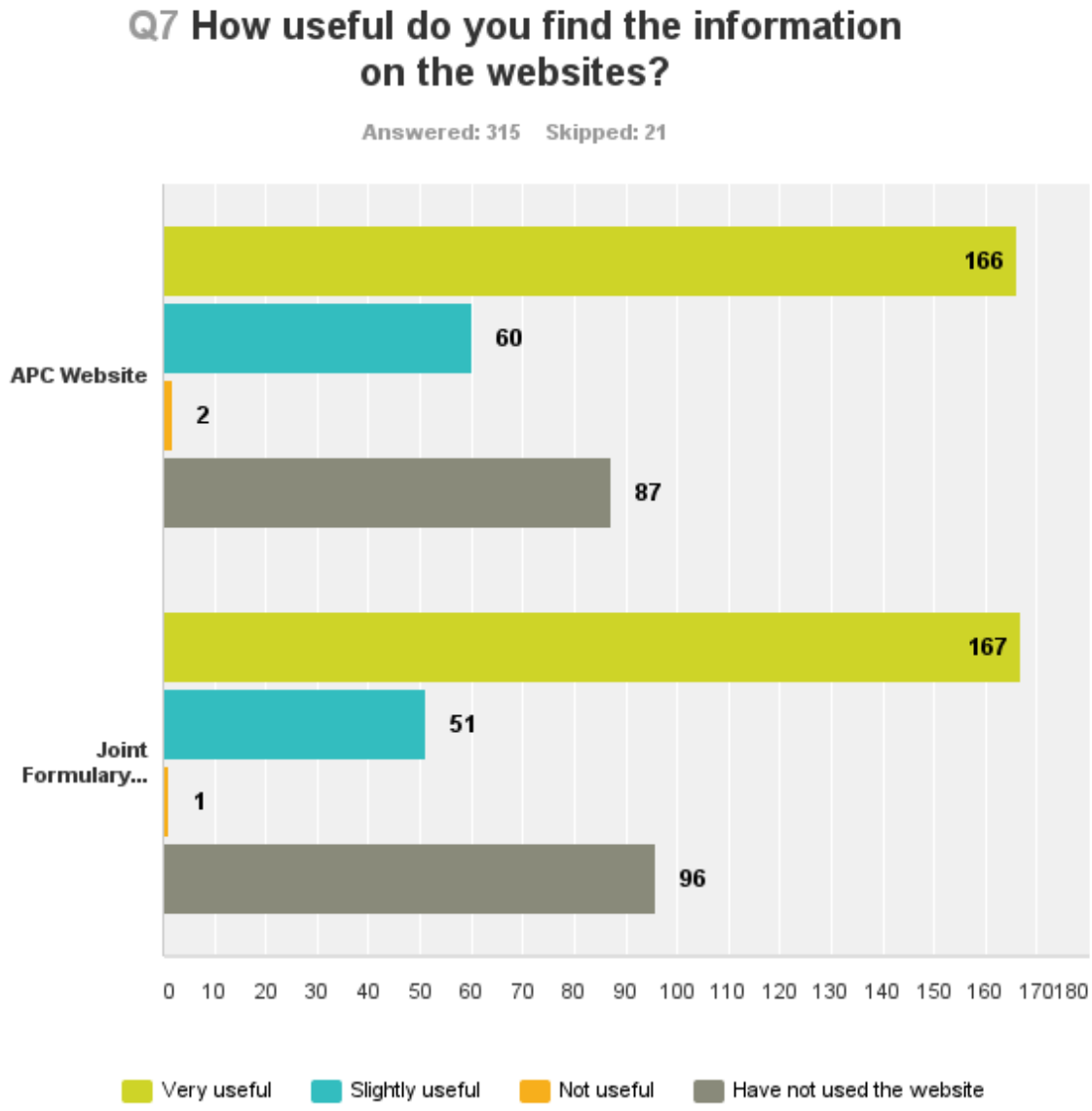
21 respondents skipped the questions in section 2. Those who responded to question 4 showed similar patterns of usage for both websites. The most popular answer for each answer was that the websites were never use, totalling 28% for the APC website and 30% for the Joint Formulary website.

The majority of respondents do access the websites, predominantly weekly or monthly. The joint total for those who access the APC website either weekly or monthly is 49%, while the total for those who access the Joint Formulary website either weekly or monthly is 42%, which highlights these as the most common frequencies at which people access the websites.



Disregarding those who have not used the websites, the most common opinion is that both websites are easy to use. Just 9% of those who have used the APC website find it either difficult or very difficult to use, while this drops to just 8% for the joint formulary website.

A majority of those who have used them find the two websites either easy or very easy to use; 54% for the APC website, and 60% for the Joint Formulary website.

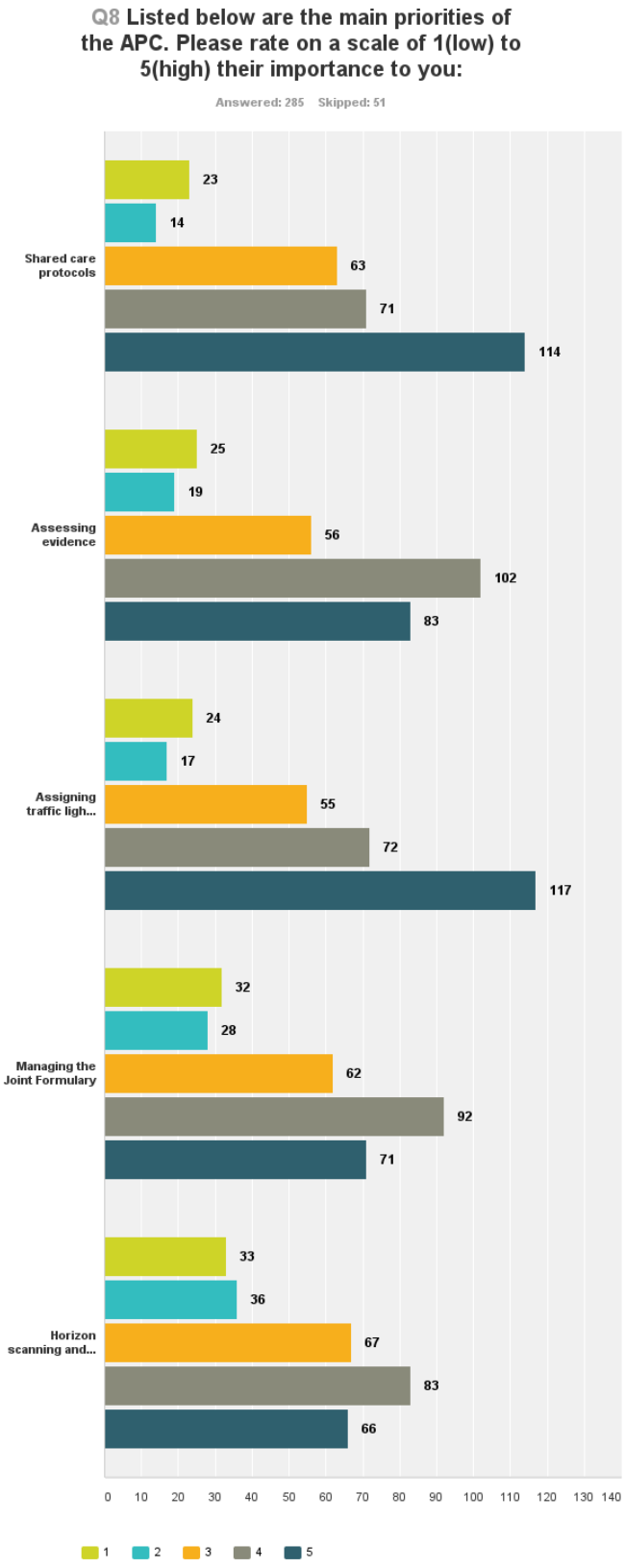


Similarly to the analysis of question six, the percentages below disregard those who have not used the websites. The answers to question seven are very positive. Of respondents who have visited the websites, 73% find the information provided on the APC website very useful, while 76% feel similarly about the information on the Joint Formulary website.

The respondent who does not find the information on the Joint Formulary website useful is also one of the two respondents who do not find the information on the APC website useful, further highlighting that the vast majority of respondents do find the websites either useful or slightly useful when looking for information.

Respondents were given the option to provide additional comments for this question. These comments have been passed on to the members of the APC involved in commissioning this survey.

Section 3: APC Decisions & Improvements



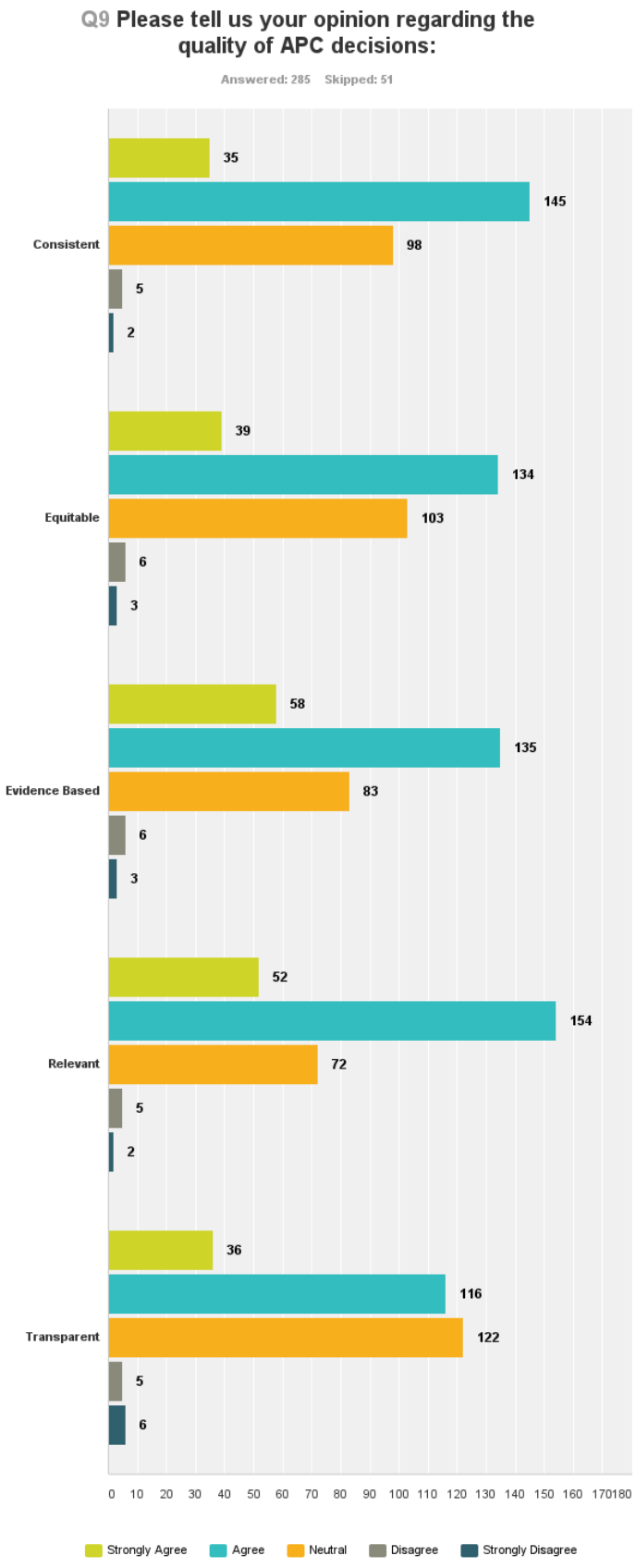
For the purpose of analysing the five subsections of question eight, the rankings provided by respondents have been grouped as followed:

1 or 2 – Low Importance
3 – Neutral
4 or 5 – High Importance

Priority	Low Importance	Neutral	High Importance
Shared Care Protocols	13%	22.1%	64.9%
Assessing Evidence	15.4%	19.7%	64.9%
Assessing Traffic Light Status	14.4%	19.3%	66.3%
Managing the Joint Formulary	21%	21.8%	57.2%
Horizon Scanning and Advice Regarding Introduction of New Medicines	24.2%	23.5%	52.3%

Respondents' views on the five priorities are clearly similar, with high importance being the majority opinion for all five.

However, there is clearly a split between Shared Care Protocols, Assessing Evidence, and Assessing Traffic Light Status, which over 60% of respondents place high importance on, and Managing the Joint Formulary and Horizon Scanning, which are under 60%.



The results from question 9 are primarily positive. Only a small minority of respondents disagree or strongly disagree with the consistency, equity, evidence base, relevance or transparency of APC decisions.

The largest of these minorities is 4% of respondents who disagree or strongly disagree that APC decisions are transparent, whilst the smallest are the 2% of respondents who disagree or strongly disagree that APC decisions are relevant, or consistent.

Sixty five respondents answered that they were neutral on all the statements. Overall there was a significant minority who were neutral to each statement:

Statement	Neutral Percentage
Transparent	43%
Equitable	36%
Consistent	34%
Evidence Based	29%
Relevant	25%

The majority of respondents either strongly agree or agree with each statement, but the difference in percentages highlights that respondents do not feel equally about each statement. Below is the percentage of staff who strongly agree or agree:

Statement	Strongly Agree or Agree Percentage
Relevant	72%
Evidence Based	68%
Consistent	63%
Equitable	61%
Transparent	53%

Whilst the majority of respondents agree or strongly agree with the five statements, it is notable that the most common answer for each is ‘agree’ rather than ‘strongly agree’, suggesting that there is room for improvement in all five areas. The percentage of staff strongly agreeing with each statement is:

Statement	Strongly Agree Percentage
Evidence Based	20%
Relevant	18%
Equitable	14%
Transparent	13%
Consistent	12%

Question 10

Question 10 was a free text question, asking respondents to suggest ways in which the APC could be improved, or to leave contact details if they would like to be added to the APC distribution list.

There were a total of thirty-five comments left to the question, including four which were requests to be added to the APC distribution list. These comments have been passed on to the members of the APC involved in the commissioning of the survey, and will be used to aid continued improvement of the APC going forward.

APPENDIX 6 –NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE ACTION PLAN 14/15/16

Proposed Action	Comments	Timescale	Lead
Review the Terms of Reference	Review mandate. Review membership & membership responsibilities. Align the accountability of the APC to Medicine Management Groups in each stakeholder organisation. Update ToR with addition of other CCGs (and assess impact to balance of committee).	Dec 2015	NB / AR
Consider monthly APC meetings	APC will continue to meet bimonthly.	Discussed at November 2014 APC. To be reviewed Sept 2015	
Explore lay member representation	Contact Healthwatch. Link with other patient groups?	Dec 2015	NB
Review the content and design of the APC bulletin	Refresh content of bulletin. Review current distribution lists.	Jan 2015	AR
Address the training needs of committee members	10 min 'soundbites' from SH at start of each APC meeting.	Ongoing from Jan 2015	SH
Review dissemination and feedback of APC decisions	Identify processes in secondary care for dissemination of APC outputs. Add a 'what's new section' to the APC website (and regularly update JFG news).	Dec 2015 Dec 2015	All secondary care members JS/LK
Add APC website address to each of APC Members email signature	All members and deputies to implement.	March 2015	All
Improve the transparency of APC decision making	Revamp the flow chart outlining process and time lines for submissions. Put decision making tree on website and submission forms. Put dates of meetings (including cut-off date for papers) on APC website.	Jul 2015 Mar 2015 Jan 2015	AR
Develop effectiveness measures	Carried over from previous plan.	Dec 2015	AR