

Nottinghamshire Area Prescribing Committee

Annual Report 2021-22



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 2021-22

- We have had 5 quorate meetings as per the committee Terms of Reference. The 6th meeting which was in October 2021 was not quorate due to no Sherwood Forest Hospitals representation. However the minutes and decisions were approved by those missing members ahead of finalisation.
- 43 medicines were reviewed as part of horizon scanning and 73 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.
- 16 new medicine requests for inclusion in the formulary were considered, the majority of these were firstly reviewed by the Joint Formulary Group. 2 submissions were following a positive NICE TA.
- 56 guidelines/shared care protocols/other prescribing documents were approved; 11 of which were new documents (see Appendix 2 for full details). This is an increase of around 25% compared to the volume last year.
 - Development or updating guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the documentation itself.
- We have contributed to the patient safety agenda by standardising the way renal function is calculated, ratifying guidance on steroid alert cards and gastroprotection for patients on antithrombotics and by keeping abreast of and acting on patient safety alerts.
- We have supported antimicrobial stewardship by ensuring our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns. This has included the review and updates of 20 antimicrobial guidelines this year.
- We have continued to support the Quality, Innovation, Productivity and Prevention (QIPP) agenda by;
 - Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the 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 patient representatives to ensure patient views are considered for APC decisions with two new patient representatives being recruited into the committee. This has included the production of 2 new patient leaflets and the updating of a third.
- Keeping abreast of the work of the Regional Medicines Optimisation Committees (RMOC) including involvement in the shared care working group and planning for implementation of standardised shared care.
- The team have also continued to maintain and review a large raft of COVID resources which were made available to all clinicians through the APC website. The need for these continues to evolve so frequent review has been required. Resources include

information about the COVID Medicines Delivery Units and included guidance and GP communications.

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

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*	48	Unable to quantify
Cost neutral or unknown	9	NA
Savings	4	£57,820
Cost pressure	8	£454,000

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

This has been the first year where predicted cost pressures have been greater than predicted savings. This has been highlighted to finance and added to the risk log.

This reflects the increasing costs of new medications, many of which have been subjects of mandated NICE TAs. Additionally, most new medications are developed as add on treatments therefore there will be no offset savings from replacing other existing medications. Furthermore cost savings, despite being highlighted as potential savings require capacity within primary care to deliver on such savings through active switches. This capacity has been vastly reduced with increased workload pressures and changing priorities for primary care.

Savings

Potential savings to the CCGs of over £57K have been identified from APC recommendations. The majority of this saving potential has come from the inclusion of biosimilar insulin products. However such savings are difficult to predict as they are dependent on implementation such as switches and implementation at source by the initiating specialists.

Cost avoidance

Cost avoidance comes about when:

- a medicine (either a new medicine or clinical indication) is not accepted on to the formulary or it is given a 'grey' or 'grey awaiting submission' classification or
- a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

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

Cost neutral

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

Cost pressure

Decisions made by the APC during 21-22 resulted in a potential cost pressure of £454K. The biggest cost pressures during have been as a result of NICE TA publications - depagliflozin in heart failure and bempedoic acid for hyperlipidaemia. NICE TAs are mandated, however the APC still have a responsibility to highlight the cost implications to the health community and to assess the most appropriate place in therapy and setting for use.

Challenges faced by the APC

The APC has again struggled this year to recruit members from community pharmacy or public health. However a PCN pharmacist representative has been successfully recruited.

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 2022-23

Due to the rising volume of formulary work and guideline maintenance the Joint Formulary Group will be incorporated into the APC to become a decision making meeting, with equitable membership and terms of reference. This will avoid the need for repetition at the JFG then APC meeting and allow for quicker turn around or submissions.

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.

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

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.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2021/22

Name of Representative	Role within Organisation	Organisation	Organisational Attendance Record					
			April	June	Aug	Oct	Dec	March
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	Advanced Nurse Practitioner (Deputy for Sarah)							
Matthew Elswood	Chief Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	✓	✓	✓
Hazel Johnson	Deputy Assistant Medical Director							
Susan Hume	Advanced non-medical prescriber							
Ann Whitfield Katie Sanderson	*Patient Representative's		✓	x	✓	✓	✓	✓

* Amanda Roberts, Patient Representative resigned June 21, Ann Whitfield and Katie Sanderson became the new patient representatives Sept 21

**Due to no representation from Sherwood Forest Hospitals NHS Trust or Nottinghamshire Healthcare Trust the meeting was not quorate. Minutes and actions will be approved by those parties ahead of ratification

Appendix 2 – 2021-22 APC RATIFIED DOCUMENTS

Meeting Date	Title	SCP / Guideline / Other	Update or new
April 2021	Covid vaccine allergy guidance and referral form	Other	new
	Fludrocortisone for Orthostatic Hypotension	Prescribing information sheet	update
	Renal function calculations	Other	new
	Riluzole for Adults with Motor Neurone Disease	SCP and information sheet	update
	Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Patients under the Specialist Gender Identity Service for Adults	Other	update
	DOACs in DVT and PE	Guideline	update
	Otitis media	Antimicrobial Guideline	update
	Conjunctivitis	Antimicrobial Guideline	update
	Human and animal bites	Antimicrobial Guideline	update
	COPD	Guideline	update
	Parkinson's Disease	Prescribing information sheets	update
	Heart Failure Lights	Guideline	update
June 2021	Antipsychotic prescribing guideline	Guideline	update
	Barrier preparation formulary	Guideline	update
	Opioids for non-cancer pain	Guideline	update
	Clozapine information sheet	Prescribing information sheets	update
	Clozapine blood level monitoring	Prescribing information sheets	update
	Antimicrobial guideline – Eczema	Guideline	update
	Freestyle Libre inclusion criteria	Guideline	update
	SNRIs and BP monitoring statement	Information sheet	update
August 2021	Amiodarone Shared Care Protocol	SCP and information sheet	update
	Neuropathic pain guideline	Guideline	update
	APC FAQs for patients	PIL	update
	Phosphate binders for the treatment of hypophosphatemia in adults	SCP	update
	Agomelatine information sheet	Information sheet	new
	Benzodiazepine and hypnotic (combination)	Guideline	new

	Lactose intolerance guideline and PIL	Guideline and PIL	update
	Antimicrobial Acne	Guideline	update
	Antimicrobial Pharyngitis / Sore Throat / Tonsillitis	Guideline	update
	Antimicrobial Meningitis	Guideline	update
	Antimicrobial UTI in Children	Guideline	update
	Antimicrobial Amoebiasis	Guideline	update
	Antimicrobial Giardiasis	Guideline	update
	Antimicrobial Vaginal Discharge in a Child	Guideline	update
	Antimicrobial Boils	Guideline	update
	Antimicrobial Wound Infection	Guideline	update
	Antimicrobial MRSA	Guideline	update
	Antimicrobial Dermatophyte Infection of the Proximal Finger or Toe Nail	Guideline	update
	Antimicrobial Dermatophyte Infection of the Scalp	Guideline	update
	Antimicrobial Varicella Zoster / Chicken Pox / Herpes Zoster / Shingles	Guideline	update
	Antimicrobial Herpes Simplex Virus	Guideline	update
	Antimicrobial Splenectomised Patients and those with a functional Spleen	Guideline	update
October 2021	Lithium prescribing information sheet	Information sheet	update
	Managing Behaviour and Psychological Problems in Patients with Diagnosed or	Guideline	update
December 2021	COPD (new inhaler addition)	Guideline	update
	APC (interim update)	ToR	update
	Steroid card	Information sheet	update
	Antimicrobial bites and stings	Guideline	new
	Omeprazole liquid for children	Guideline	update
	Gastroprotection and Antithrombotic Guide	Guideline	update
	Linaclotide Information sheet	Information sheet	update
	Dermatology	SCP	update
February 2022	No JFG meeting held in January due to the covid response		
March 2022	Allergic Rhinoconjunctivitis Guidance	Guideline	Update
	Clonidine prescribing information sheet for Tic Disorders in Children:	Information sheet	New
	Ciclosporin Eye Drops Information Sheet	Information sheet	Update

	Acute Cough/Bronchitis	Guideline	Update
	Shared Care Patient Information Leaflet	Information sheet (PIL)	New

NOTTINGHAMSHIRE JOINT FORMULARY GROUP

ANNUAL REPORT 2021-22

Introduction

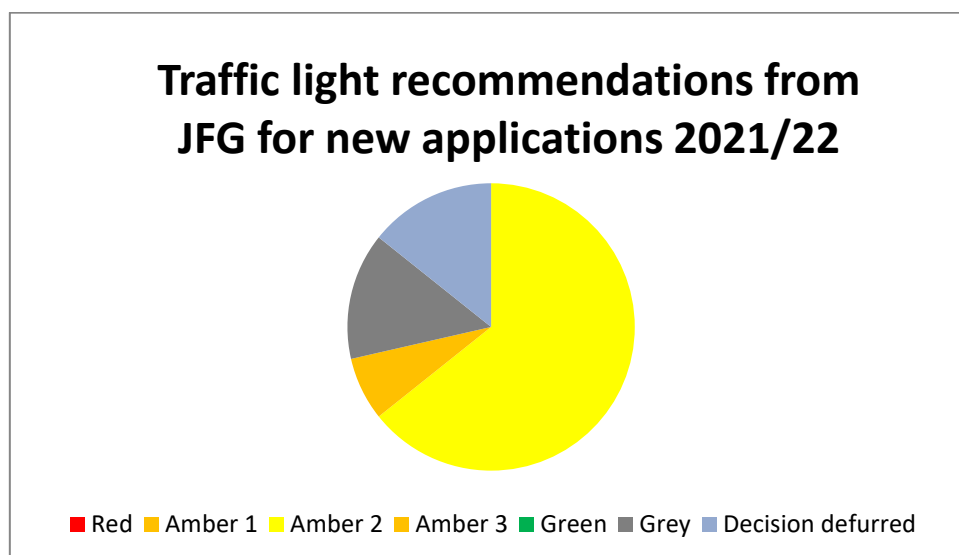
The Nottinghamshire Joint Formulary Group (NJFG) is a sub-group of the Nottinghamshire Area Prescribing Committee (NAPC). The main purpose of the group is to lead on the development, maintenance and review of the Nottinghamshire Joint Formulary (NJF) by:

- 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 2021/22 financial year with good attendance from all organisations.

Medication submissions & recommendations

14 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

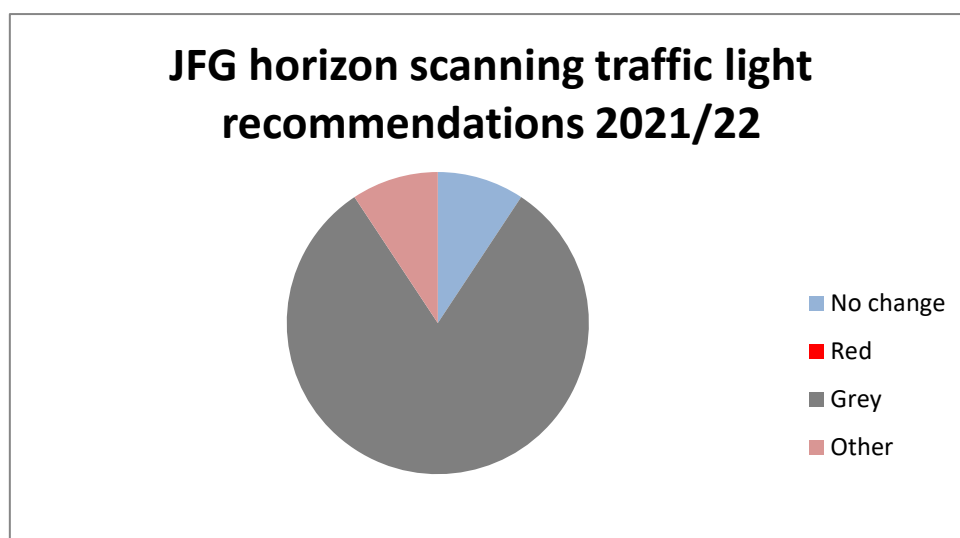
The NJFG considers requests for new medicines submitted by primary or secondary care which are to be prescribed across the interface. The process comprises of an independent review of the evidence carried out by the Specialist Interface and Formulary Pharmacists (SIFP). This is then presented to the 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 JFG. This is a way of managing the introduction of new medicines in a considered and effective way for the healthcare community.

A review of 43 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

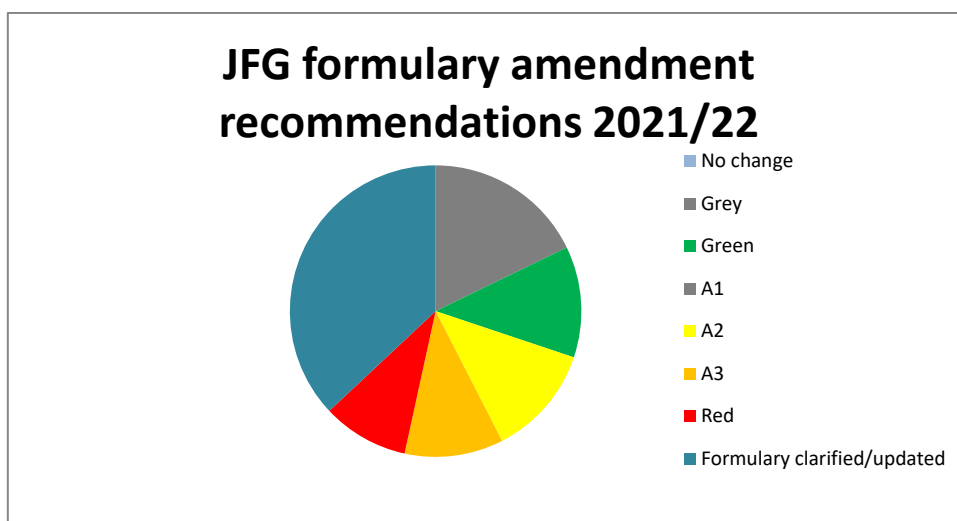
The group collate and discuss any suggested amendments to the formulary which may include wording clarification, acting upon discontinuations or price changes or adding and amending pertinent safety or pathway messages.

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

73 suggested amendments were discussed by the JFG.

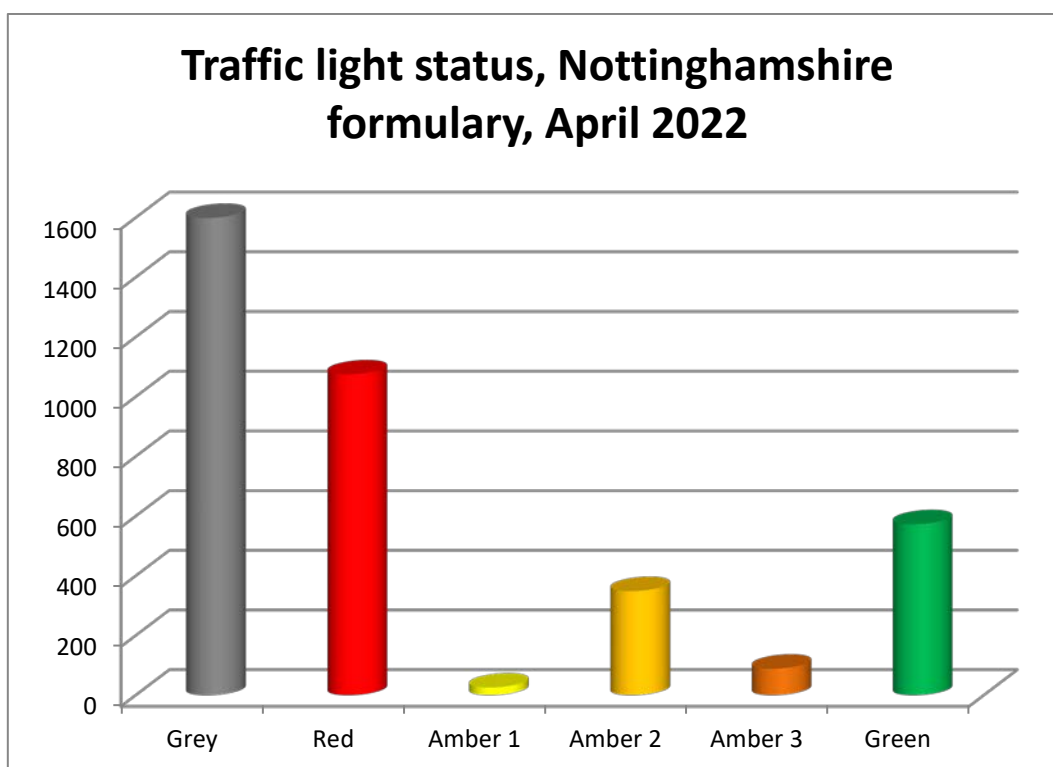
Appendix 3

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



Classifications on the formulary

There are 4098 entries on the formulary with a traffic light classification assigned. The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary:



Appendix 3

Challenges faced by the Joint Formulary Group

- As the cost of pharmaceuticals increase the JFG have increasing pressure to ensure that decisions made do not fall outside the threshold agreed within our delegated authority mandate. This has led to significant delays in implementing some decisions due to there being no clear process for approval.
- Delays to delivering new and updated guidelines have been a challenge due to difficulties in obtaining specialist clinical knowledge via engagement with specialists.
- There have been some delays to implementation resulting from the lack of capacity for some services i.e., the allergy clinic and tier 3 weight management service.
- A number of members are stepping down from both JFG and APC this will present a challenge obtaining the correct balance of clinicians. The need for an additional secondary care consultant to be present has been addressed with the Nottingham University Hospitals (NUH) DTC, NUH currently remains under represented.

Future Priorities of the NJFG

1. Since the start of the COVID -19 pandemic, all face to face meetings were 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. To facilitate communication between the service providers for equitable access to medications across the Nottingham and Nottinghamshire ICS
3. To encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies.
4. To adapt and develop the group in response to any national changes which may come about from the Regional Medicines Optimisation Committees.
5. To adapt in light of the developing Integrated Care System which may require more consideration of pathway development going forward. Including the inclusion of Bassetlaw CCG into the Nottingham and Nottinghamshire ICB.
6. Contribute to [Delivering a 'Net Zero' National Health Service](#) by recognising the carbon impact of metered dose inhalers (MDIs) and other pharmaceutical products as part of the formulary decision making process.
7. To support the Primary Care Networks (PCNs) in delivering high quality care by ensuring they have knowledge and access to the Joint formulary. To facilitate this process further the Interface team now deliver APC updates by way of recorded webinars to the wider Medicine Optimisation team which are then presented to the PCNs.
8. Merge the JFG into the APC to allow for a more streamlined efficient decision-making process.

Appendix 3

Appendix 4 - financial implications of APC decisions 202122

Meeting Date	Drug	Indication	TL Class'n	Type of class'n	NICE TA	Overall cost implications for the Nottinghamshire Health Community (Cost pressure, cost neutral, saving, cost avoidance)	Quantify financial impact primary care (annual)	prediction based on?
Apr-21	COPD guidelines					cost pressure	£20,000	increased use of tripple inhalers using NICE cost calculator
Apr-21	ketotifen	Allergy	Added as amber 2	New submission	no	cost saving	unable to quantify	An alternative to prednisolone or ciclosporin in some indications
Apr-21	sodium cromoglycate	Allergy	Added as amber 2	New submission	no	cost pressure	£10,000	approx 10 additional patients per year
Apr-21	solifenacin liquid		Added as amber 2	New submission	no	cost pressure	£2,000	approx 2-3 additional patients per year
Apr-21	dapagliflozin	cardiology	Added as amber 2	New submission	yes	cost pressure	£300,000	based on NICE TA costing calculator
Apr-21	dulaglutide 3mg and 4.5mg	Diabetes	Added as amber 2	Formulary amendment	no	cost neutral		
Apr-21	Galzemic 4mg/ml oral solution	dementia	Brand added a a cost effective option	Formulary amendment	no	cost saving	£3,000	approx 100 patients er year could be switched from more costly generic

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?
Jun-21	Freestle Libre	Diabetes	Criteria expanded	based on national guidance	no	expected to be cost neutral		although the eligible cohort appears larger the capacity of the specialists to initiate treatment is limited.
Jun-21	Prucalopride	gastroenterology	restrictions of who can initiate relaxed	Formulary amendment	no	cost neutral		no additional patients are expected
Jun-21	bempedoic acid	Hyperchlipideamia	Added as amber 2	New submission	yes	cost pressure	£74,000	based on NICE cost impact tool and estimated 75 patients epr year
Jun-21	Nutrizym 22	gastroenterology	Added as amber 2	New submission	no	cost pressure	£2,000	approx £200 ore than alternative for around 10 patients per year
Aug-21	Jorveza® (Budesonide 1mg orodispersible	eosinophilic oesophag	Added as amber 2	NICE TA	yes	cost pressure	£5,000	Mid dose for estimated 10 patients
Aug-21	Elecare Milk	Paediatrics	Added as amber 2	New submission	no	cost neutral		similar to alternative products
Oct-21	piracetam	epilepsy	Added as amber 2	New submission	no	cost neutral		similar cost to alternatives
Dec-21	trimbow	asthma	added as amber 2	New submission	no	cost saving	£1,820	using in place of Fostair plus Spiriva for 20 predicted patients
Dec-21	safinamide	parkinsons	added as amber 2	New submission	no	cost pressure	£23,000	predicted 30 patients, offset cost of alternative
Dec-21	Lyumjev	Diabetes	added as amber 3	New submission	no	cost neutral		same price as alternative

