

# South East London Area Prescribing Committee

## Annual Report

April 2017 - March 2018

### Executive Summary

This report summarises the activities of the South East London Area Prescribing Committee (SEL APC) from April 2017 to March 2018. The SEL APC met every quarter in 2017/18 and its working group, the Medicines and Pathways Review Group met monthly. During this time, the SEL APC:

- Held 4 quorate APC meetings and 12 quorate Medicines and Pathways Review Group (MPRG) meetings
- Considered and made decisions for 17 new medicine submissions and issued 18 formulary recommendations. Two medicines were considered in the previous year and were awaiting completion of pathways before the final formulary recommendations were issued. Only one of the recommendations for these two medicines was issued due to safety concerns identified by the European Medicines Agency (EMA) for the other medicine.
- Of the 17 new medicine submissions, 15 resulted in recommendations for approval (categorised as either red or amber or green) and 2 were not recommended for prescribing in SEL (grey category).
- Issued 2 position statements
- Withdrew 5 formulary recommendations. This included removal of a medicine from the joint medicines formulary due to lack of progress with development of a treatment pathway to support place in therapy.
- Reviewed, consulted on and approved 36 guidelines/pathways/policies
- Updated the red, amber grey (RAG) list for SEL (quarterly)
- Reviewed, consulted on and approved 11 shared care/transfer of care guidelines
- Regularly forward planned for NICE technology appraisals. Where appropriate, pathway groups continue to progress implementation of NICE guidance.
- Completed recruitment of a third co-Chair for the MPRG/vice-chair of the APC
- Engaged in and responded to a national consultation on refreshing historical guidance on sharing care between the primary and secondary care interface.

## 1. Background

The SEL APC is a forum where each CCG, acute Trust and mental health Trust in SEL has signed up to jointly discuss and agree pertinent medicines issues. The Committee represents a partnership between the following NHS organisations in South East London:

Clinical Commissioning Groups	Acute Trusts	Mental Health Trusts	Community provider
Bexley CCG	Guy's and St. Thomas' NHS Foundation Trust	Oxleas NHS Foundation Trust	Bromley Healthcare
Bromley CCG	King's College Hospital Foundation Trust	South London and Maudsley NHS Foundation Trust	
Greenwich CCG	Lewisham and Greenwich NHS Trust		
Lambeth CCG			
Lewisham CCG			
Southwark CCG			

The SEL APC aims to provide a consistent, high quality approach to clinical decision making about medicines across the local health economy in line with its Terms of Reference (ToR).

The Committee is chaired by Dr Howard Stoate, a GP in Bexley CCG and the lead CCG Chief Officer is Andrew Eyres, Lambeth CCG. The APC has a strong focus on quality and prioritisation via its Medicines and Pathways Review Group (MPRG) jointly chaired by Lambeth CCG GP Lead, Dr Di Aitken and GSTT Clinical Pharmacologist, Professor Albert Ferro. The MPRG is the working group of the APC and advises the APC on the entry of new medicines into the local health economy and their place in pathways, in line with the principles outlined in the APC ToR. The MPRG meets monthly to assess new medicines for prescribing within South East London where these are intended to be prescribed in primary care or commissioned by Clinical Commissioning Groups. Where primary care or commissioned medicines are subject to a new NICE technology appraisal, the APC will advise on best adoption and implementation in line with NICE.

The local acute trusts retain a Joint Formulary Committee which considers new drugs and changes of use of existing drugs which are used only within hospitals and are not subject to any specific commissioning arrangements.

In terms of financial scope, primary care spend on medicines across the 6 boroughs is approximately £200m with an estimated additional planned budget for CCG commissioned high cost medicines of ~£21m.

## 2. Three key highlights in 2017/18

### a) Development of SEL-wide guidelines for the management of vitamin D deficiency and supporting patient information leaflet.

A working group across primary and secondary care collaboratively developed treatment pathways for the management of vitamin D deficiency in the following groups:

- Adults (including chronic kidney disease up to stage 4)
- Children up to the age of 18 years (but excluding neonates in Neonatal Units)

- Pregnancy and lactation

The sets of guidance are broadly based on the National Osteoporosis Society (NOS) Vitamin D and Bone Health Guidelines 2013<sup>1</sup>, as well as expert opinion. The guidelines aim to provide consistent advice across SEL and also promote licensed vitamin D products. The sets of guidance broadly cover:

- The sign and symptoms of deficiency
- Who to test for vitamin D deficiency
- Interpreting test results
- Management of vitamin D deficiency in the particular setting
- Product and allergy information/licensed products
- Symptoms of Vitamin D overdose

In addition to the three sets of guidance, a patient information leaflet was also developed to support and provide advice to patients about vitamin D deficiency.

#### **b) National Regional Medicines Optimisation Committee – SEL representation**

Good news! Four members from the SEL APC applied to become members of the London RMOC and all have been accepted into roles on the Committee. This is an important significant achievement for the SEL APC. Whilst the work plan for the RMOCs is under development, the presence of members from SEL will support wider engagement at a national level that will enable sharing and learning on both sides.

#### **c) Rationalisation of unlicensed topical preparations used in dermatology and factsheets to support the four common preparations**

An extensive piece of work was undertaken by the lead dermatology pharmacist and dermatologists at GSTT on behalf of SEL to review and rationalise the number of topical unlicensed special preparations being used and recommended. As part of this work, a number of preparations were removed from the formulary (grey listed) and some others “red listed”. The list of products approved by the British Association of Dermatologists was included as amber. In addition, the MPRG requested that factsheets were developed for the most commonly used products to outline key information. Four factsheets were drafted for:

- Beclometasone dipropionate 0.0025% in white soft paraffin
- Clobetasol propionate 0.03% cream in propylene glycol 40%
- Lactic acid 10% in Diprobase cream
- Monobenzone 20% in cetomacrogol A cream

The factsheets provide clarity and consistent guidance to the GP/pharmacist/patient on what the preparation is being used for, the rationale for use over other licensed preparations and the intended duration of treatment. They also outline how further cost-effective supplies of the products can be sourced by the community pharmacist.

Other highlights in 2017/18 include:

- Election of a third co-Chair for the MPRG
- The Committee also took its first decision to withdraw a medicine it had previously approved onto the formulary as a pathway had not been finalised within timescales requested by the Committee.

### 3. Engagement and Collaboration

The Committee continues to progress and deliver through strong commitment from CCG/Trust clinicians, medicines optimisation teams and leads from provider organisations. Despite significant changes in the NHS nationally and locally, attendance has been good at all meetings. Attendance figures by organisation for the 2017 calendar year can be found in appendices 1a and 1b. Organisations (rather than individuals) with an attendance of <50% are followed up by the Chair of the APC.

Support and leadership from the Chairs and Vice Chairs and Chief Officer is important in driving the Committee's agenda. Although membership of the committee is large and varied, commitment to making it successful is high across commissioners and providers. The regional Medicines Information Centre based at Guys and St Thomas's NHS Foundation Trust continues to provide active support to the APCs horizon scanning, NICE implementation and new medicines evaluation processes.

Action notes and outputs of the Committee are published to the APC website, hosted by Lambeth CCG. All SEL APC partner organisations either already signpost or have committed to signposting users of their websites to the SEL APC website. Web statistics for the Lambeth CCG public website for February 2017 to February 2018 show that the SEL APC website received a total of 38,457 hits (15.3% of the total number of hits for the Lambeth CCG homepage). This figure is 24% higher than the number of hits for the previous year (measured February 2016 – Feb 2017, total ~31,000 hits). In comparison, the Lambeth CCG homepage (which had the highest number of hits) had 251,500 hits. The bounce rate was highest for the following APC webpages: SEL RAG list, shared care protocols and policies. The bounce rate is the percentage of single-page visits (i.e. visits in which the user left the site from the entrance page without interacting with the page).

### 4. Terms of Reference Revision

The annual review for the SEL APC and its Medicines and Pathways Review Group has been completed for 2018/19.

### 5. Workplan and Financial Planning

In 2017/18, assessment of New Medicines by the MPRG and recommendations issued by the SEL APC have been made with a net estimated annual financial cost pressure on medicines use of approximately **£15.5K/100,000 population** or ~£280,000 across the local health economy (using the upper threshold cost estimates and accounting for costs avoided from a grey recommendation). A detailed summary of the Committee's outputs and on-going work can be found in Appendix 2.

These estimates do not include costs due to increased or reduced service activity, which can be difficult to predict. However, for the high impact pathways that involve the use of high cost medicines (such as biologics), monitoring frameworks are developed alongside the pathways and should allow some estimates of these costs/savings.

The horizon scanning process was scaled back in 2016/17 in view of the emerging Regional Medicines Optimisation Committees. Therefore whilst no formal horizon scanning for new drugs was undertaken in 2017/18, the Regional Medicines Information Centre has presented to the Committee a summary of the key medicines likely to have impact in 2018/19. These include new medicines, scheduled NICE technology appraisals and anticipated savings from patent expires and biosimilar launches. Horizon scanning is also undertaken through the

individual APC pathway groups to identify potential medicines that likely to have a significant impact or opportunities for savings.

All CCGs have signed up to sharing the workload of delivering and leading pieces of work on behalf of the SEL APC which will allow all CCGs to be fully engaged in the APCs work. The SEL APC work plan (Appendix 3) ensures engagement and leadership opportunities for all CCGs on a rolling basis.

## 6. Key future priorities for 2018/19

The SEL APC has identified the following key priority areas for 2018/19:

- To progress areas of work identified in the APC work plan for 2018/19
- Continue to manage the introduction of new medicines into the local health economy – including formulary submissions, NICE TAGs and horizon scanning - and their place in pathways.
- Engage in and contribute to the work of the national RMOC
- Develop an approach to co-ordinate organisational implementation of APC pathways and follow up outcomes, for example, through trust audits against recommendations.
- Continue to progress expert patient involvement and engagement in decision making through the main pathway groups.

## 7. Acknowledgments

The SEL APC would like to thank everyone involved in the work of the APC at any stage for their participation, role and support in helping the work of the Committee and its sub-groups to move forward. There are too many names to note individually but together they all make an invaluable and important contribution to the work of our APC.

## Appendix 1a: Attendance by organisation in 2017 – Area Prescribing Committee

Organisation	Role	No. of meetings attended (max 4)	% Attendance
<b>SEL CCGs</b>			
Bexley	GP Clinical Lead (Chair)	3	75%
	GP Clinical Lead	4	100%
	Chief Pharmacist	3	75%
Bromley	Director Quality, Governance & Patient Safety	1	25%
	Chief pharmacist	3	75%
	GP Prescribing Lead	2	50%
Greenwich	GP Clinical Lead	2	50%
	Chief Pharmacist	3	75%
Lambeth	GP Clinical Lead	4	100%
	Chief Pharmacist (note: interim arrangements Apr-Dec 2017)	4	100%
	Chief Officer	0	0%
Lewisham	GP Clinical Lead	1	25%
	Chief Pharmacist	4	100%
Southwark	GP Clinical Lead	2	50%
	Chief Pharmacist (started June 2017, interim arrangements Jan-May 2017)	3	75%
<b>SEL Trusts</b>			
GSTfT	Clinical Pharmacologist, Honorary Consultant Physician, Chair of Trust DTC	2	50%
	Chief Pharmacist and Clinical Director.	0	0%
	Deputy Director of Regional Medicines Information (or deputy)	3	75%
KCH	Director of Pharmacy/Deputy Director of Pharmacy	1	25%
	Clinical lead, consultant nephrologist, Chair of JFC	0	0%
L&GT	Director of Pharmacy	1	25%
	Consultant Paediatrician, Chair, Medicines Management Group	1	25%
	Consultant Haematologist (note: on extended leave from Committee duties in 2017)	0	0%
Oxleas	Chief Pharmacist/Deputy Chief Pharmacist	3	75%
SLAM	Chief Pharmacist/Deputy Chief Pharmacist	3	75%
<b>Other</b>			
Bromley Healthcare	Clinical Director or Lead Pharmacist	0	0%
NHS England	South London Area Medical Director	0	0%

Nb: Following representatives will be invited to support meetings when required:

- Public Health
- SE CSU
- Consultant Cardiovascular Pharmacist for South London (Southwark CCG hosted)

Meeting invites are also circulated to a patient representative nominated by HealthWatch.

## Appendix 1b: Attendance by organisation in 2017 – Medicines and Pathways Review Group

Organisation	Role	No. of meetings attended (max 12)	Average % Attendance by organisation
<b>SEL CCGs</b>			
Bexley	GP Clinical Lead	10	83%
	Chief Pharmacist (or delegated staff)	10	
Bromley	GP Clinical Lead	12	96%
	Interface pharmacist (or delegated staff)	11	
Greenwich	GP Clinical Lead	8	80%
	Chief Pharmacist (or delegated staff)	11	
Lambeth	GP Clinical Lead 1 (joint MPRG Chair)	9	64%
	GP Clinical Lead 2	8	
	Chief Pharmacist (or delegated staff) Nb: Interim arrangements in place	6	
Lewisham	GP Clinical Lead	11	92%
	Chief Pharmacist (or delegated staff)	11	
Southwark	GP Clinical Lead	7	71%
	Chief Pharmacist (or delegated staff)	10	
<b>SEL Trusts</b>			
GSTfT	Honorary Consultant Physician, Chair of Trust DTC (joint MPRG chair)	6	75%
	Formulary Pharmacist/support pharmacist	12	
KCH	Formulary Pharmacist [Nb: post vacant, being covered for most of 2017]	9	75%
	Clinical lead, consultant nephrologist	0	
L&GT	Formulary Pharmacist (or delegated deputy)	11	83%
	Consultant Haematologist, Chair Drug Usage Group (Nb: on extended leave from Committee duties in 2017)	1 (not included as on extended leave and no interim cover)	
Oxleas	Chief Pharmacist	5	50%
SLAM	Deputy Director of Pharmacy	4	33%
<b>Other</b>			
Regional Medicines Information Services (GSTfT)	Director, Medicines Information	6	50%
Bromley Healthcare	Lead Pharmacist	7	58%
SEL APC	Lead Pharmacist	10	83%

## Appendix 2: Outputs of the SEL APC in 2017/18

### APC categories:

	Suitable for hospital prescribing and supply only
	Specialist initiation and prescribing for defined time, shared care/transfer of care may be required (note 3 tiers of amber category are 1, 2 and 3)
	Suitable for initiation and prescribing in primary and secondary care within agreed criteria
	Not recommended for prescribing in SEL

Recommendations				
Issue date	Number	Title	Category	Estimated annual financial impact in SEL
Apr 17	<a href="#">064</a>	Clonidine patches (controlled release over 7 day period) for dystonia/dyskinesia in paediatrics	RED	£19,000
Apr 17	<a href="#">054*</a>	Quadrivalent human papillomavirus vaccine (Gardasil®) for the treatment of recalcitrant anogenital warts in adults	RED	£24,000
May 17	<a href="#">065</a>	Rivaroxaban 10mg tablets for thromboprophylaxis post pelvic ring/acetabular fracture in adults	RED	£12,000
May 17	<a href="#">066</a>	Clofazimine in combination with clarithromycin and rifabutin as anti-MAP (Mycobacterium avium subspecies paprtuberculosis) therapy for the treatment of Crohn's disease in adults	RED	£23,300
Jun 17	<a href="#">067</a>	Azelastine hydrochloride and fluticasone propionate combination nasal spray (Dymista®) for the treatment of moderate to severe seasonal and perennial allergic rhinitis in adults and children 12 years and older (Re-submission)	GREEN	Cost neutral
Jun 17	<a href="#">068</a>	Brimonidine 3mg/g gel (Mirvaso®) for the topical symptomatic treatment of facial erythema of rosacea	GREY	Cost neutral
Jun 17	<a href="#">069</a>	Moxifloxacin 0.5% eye drops (Moxivig®) for bacterial keratitis	RED	Saving of £6,000
Jul 17	<a href="#">059</a> (re-issued)	Insulin degludec 100 units/ml and 200 units per ml (Tresiba® FlexTouch and penfill cartridges) for type 1 diabetes (adults and children). Recommendation extended following submission for use in children with type 1 diabetes.	AMBER	£2,500
Jul 17	<a href="#">070</a>	Botulinum toxin type A injection for the treatment of oesophageal spasm	RED	£2,400-£7,200
Jul 17	<a href="#">071</a>	Botulinum toxin type A injection for the treatment of achalasia	RED	£2,400-£7,200
Jul 17	<a href="#">072</a>	Collagenase (Xiapex®) for the treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity without significant plaque calcification who do not want surgery or have relative contraindications to surgery.	GREY	Cost avoided £95,000-£125,000
Aug 17	<a href="#">073</a>	Conjugated oestrogens (0.45mg) and bazedoxifene acetate (20mg) combination preparation (Duavive® modified release tablets) for the treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus	AMBER	£14,000
Sep 17	<a href="#">074</a>	Tioguanine for the treatment of adults with inflammatory bowel disease – Crohn's disease and ulcerative colitis	RED	£40,000

## Appendix 2: Outputs of the SEL APC in 2017/18 continued

Sep 17	<a href="#">075</a>	Golimumab injection at a dose of 100 mg for the treatment of ulcerative colitis in adult patients weighing <80kg	RED	Cost neutral
Sep17	<a href="#">076</a>	Ferric maltol capsules for the treatment of iron deficiency anaemia in adults with inflammatory bowel disease (IBD)	AMBER	£30,500
Oct 17	<a href="#">077</a>	Propantheline bromide and oxybutynin tablets for the management of hyperhidrosis in ADULTS	GREEN	Cost neutral to £17,475
Nov 17	<a href="#">078</a>	Ciclosporin 0.1% (Ikervis™) eye drops for atopic keratoconjunctivitis (AKC) and vernal keratoconjunctivitis (VKC) in children aged over 4 years	AMBER	£13,000
Dec 17	<a href="#">079</a>	Sucroferic oxyhydroxide (Velphoro®) 500mg chewable tablets for the treatment of hyperphosphatemia in adult renal dialysis patients	RED	£100,000 to £200,000

**\*Note:** Recommendations 54 was awaiting development of a pathway, once this was approved, the recommendation was formally issued and the medicine added to the formulary.

Position Statements	
Date	Title
Jun 17	Biosimilar insulin glargine (amber)
Oct 17	FreeStyle Libre® Flash Glucose Monitoring system (interim position statement)
Withdrawn recommendations and guidelines (e.g. where superseded by a NICE TAG or local guideline developed)/ or not approved	
May 17	Recommendation 018: Tadalafil (Cialis®) for the treatment of erectile dysfunction post prostatectomy (removed from formulary)
Jun 17	Recommendation 008: Dymista® nasal spray for relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis (replaced by recommendation 67)
Jul 17	Recommendation 002: Degludec insulin 100 units/ml (Flextouch pen and penfill cartridges) for diabetes (replaced by recommendation 059)
Nov 17	Recommendation 019: Vesomni® 6 mg/0.4 mg (solifenacin/tamsulosin) modified release tablet (re-categorised from green to grey whilst requested LUTs pathway developed)
Feb 18	Recommendation 056: Ulipristal acetate 5mg tablets (Esmya®) for the intermittent treatment of moderate to severe uterine fibroids in women of reproductive age. <b>Not approved</b> in view of the EMA/MHRA advice regarding this medicine and liver safety. Recommendation will be re-considered once the EMA review is complete.
Feb 18	Recommendation 021: Ulipristal acetate 5mg tablets (Esmya™) for the <b>pre-operative</b> treatment of moderate to severe symptoms of uterine fibroids. Withdrawn temporarily in view of safety concerns (see above) until EMA review complete.
Feb 18	Management Guideline for Medical & Pre-operative Treatment of Fibroids – temporarily withdrawn (see above)
Updated recommendations (e.g. where superseded by a NICE TAG or local guideline developed)	
Jun 17	Recommendation 028: Sodium Cromoglicate capsules for gastrointestinal symptoms due to food allergy in adults and children aged 2 years and over. Updated to include adults.
Dec 17	Recommendation 027: Ketotifen tablets (1mg) and liquid (1mg in 5ml) (Zaditen®) for the symptomatic relief of food protein induced gastrointestinal allergies that has not responded to dietary manipulation alone in children aged 3 years and over and adults. Updated to include adults.
Jan 18	Recommendation 32: Midodrine for the treatment of Postural Orthostatic Tachycardia Syndrome (POTS)/Inappropriate Sinus Tachycardia (IST). Updated from red to amber 3 following development of prescribing guidance and transfer of care documentation.
Jan 18	Recommendation 33: Ivabradine (5mg and 7.5mg film coated tablets) for the treatment of POTS/IST. Updated from red to amber 3 following development of prescribing guidance and transfer of care documentation.

Guidelines/Pathways/policies	
May 17	Guidance for the use of quadrivalent HPV vaccine (Gardasil®) in the treatment of anogenital warts in men and women
May 17	Optimising Prescribing for Chronic Stable Angina
May 17	Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus (update)
May 17	Glucagon-like peptide (GLP-1) analogue pathway for adults aged 18 years and over with Type 2 Diabetes Mellitus
May 17	Pharmacological Management of Restless Legs Syndrome (RLS) or Periodic Limb
May 17	Information for GPs on RLS
May 17	SEL Rheumatology Outcomes and Monitoring Framework (update)
Jun 17	Pharmacological management of Heart Failure
Jun 17	Guideline for the Management of cows' milk allergy in Primary Care
Jun 17	Prescribing fact sheet: Insulin and glucagon like peptide 1 (GLP-1) analogue preferred disposable pen needles for adults over 19 years of age -
Jun 17	Preferred Pen Needles – patient letter template
Jun 17	Integrated Guideline for the Management of Allergic Rhinitis
July 17	Guidance on calculating Creatinine Clearance for DOACs
Jul 17	Pan London framework for adult patients who self-monitor their INR (Nb: developed by the London Clinical Network but ratified through APC process locally)
Jul 17	Patient information leaflet: Self-monitoring for people taking warfarin
Aug 17	Primary & Secondary Care Inflammatory Bowel Disease Pathway (update)
Aug 17	Summary of antiplatelet options in cardiovascular disease
Aug 17	Clinical Guideline for the Management of Vitamin D Deficiency in adults
Aug 17	Clinical Guidance for the Management of Vitamin D Deficiency and Insufficiency in Children up to the age of 18 years but excluding neonates in Neonatal Units
Aug 17	Clinical Guidance for the Management of Vitamin D Deficiency and Insufficiency in Pregnancy and lactation
Aug 17	Pharmacological Management of Neuropathic Pain (Adults) (reviewed and updated)
Aug 17	Seronegative Spondyloarthritis Biologic Drug Treatment Pathway (update)
Oct 17	FreeStyle Libre® Flash Glucose Monitoring system: Frequently asked questions for patients
Dec 17	Rheumatoid Arthritis Drug Treatment Pathway (update)
Dec 17	Dermatology Specials fact sheet - Beclometasone dipropionate
Dec 17	Dermatology Specials fact sheet - clobetasol propionate
Dec 17	Dermatology Specials fact sheet - Lactic acid in Diprobase cream
Dec 17	Dermatology Specials fact sheet - Monobenzone in cetomacrogol
Dec 17	Treatment of chronic constipation in adults (≥18 years of age) in primary care (reviewed and updated)
Dec 17	Irritable bowel syndrome pathway for adults (reviewed and updated)
Dec 17	Over Active Bladder (OAB) Care Pathway for adults in primary care (reviewed and updated)
Jan 18	Prescribing midorine for the treatment of Severe Orthostatic Hypotension due to Autonomic Dysfunction, Postural Orthostatic Tachycardia Syndrome (POTS) or Inappropriate Sinus Tachycardia (IST)
Jan 18	Guidance Prescribing ivabradine for the treatment of Postural Orthostatic Tachycardia Syndrome (POTS) or Inappropriate Sinus Tachycardia (IST)
Jan 18	SEL Red, Amber, Grey list (quarterly update)
Jan 18	Treatment pathway for Chronic Open Angle Glaucoma and Ocular Hypertension
Jan 18	Management Guideline for Medical & Pre-operative Treatment of Fibroids – <b>see withdrawn section</b>
Jan 18	Patient Information Leaflet: Vitamin D
Feb 18	Anti-epileptic drug therapy for focal epilepsy in adults (reviewed and updated)

<b>Shared Care / transfer of care guidance</b>	
Apr 17	Azathioprine or mercaptopurine for the treatment of Inflammatory Bowel Disease in adults (review and update to existing)
May 17	Notice of initiation and Transfer of Care: GLP-1analogues for the treatment of Type 2 Diabetes
Jun 17	Shared care: Continuation of Advagraf® (tacrolimus modified release {MR}) for the prevention of organ rejection in adult liver transplant recipients in existing patients only
Jun 17	Shared care: Continuation of Prograf® (tacrolimus immediate release {IR}) for the prevention of organ rejection in adult liver transplant recipients in existing patients only
Jun 17	Shared care: Azathioprine for the prevention of organ rejection in adult liver transplant recipients in existing patients only
Jun 17	Shared care: Mycophenolate Mofetil for the prevention of Organ Rejection in Adult Liver Transplant Recipients in existing patients only
Jul 17	Notice of initiation and Transfer of care: Insulin degludec (Tresiba®) 100 units/ml, 200units/ml Flextouch pen or 100units/ml penfill cartridge for type 1 diabetes mellitus (update to existing)
Sep 17	Shared Care: Cinacalcet in the Treatment of Secondary Hyperparathyroidism in Adult End-Stage Renal Disease (ESRD) Patient Established on Dialysis Therapy
Nov 17	Shared Care: Nebulised mucolytic and antibiotic solutions for the treatment of Cystic Fibrosis in existing paediatric patients only (update to existing)
Jan 18	Notice of initiation and transfer of care: Ivabradine for the treatment of POTS or IST
Jan 18	Notice of initiation and transfer of care: Midodrine for the treatment of Severe Orthostatic Hypotension due to Autonomic Dysfunction, POTS or IST
<b>Other</b>	
Nov 17	Correspondence re: removal from formulary
<b>Ongoing work</b>	
Development of local SEL implementation plan and resources for the NHS England low priority POMs initiative	
Treatment pathway for the management of rosacea	
Development of monitoring framework and costing details for ophthalmology clinical pathways	
Psoriasis treatment pathway, to include biologic drugs	
Regular updates to the SEL RAG list through the year	
Development of a paediatric RAG list and a list of drugs suitable for shared care and progressing development of shared care	
Guideline for the use of opioids in non-cancer chronic pain	
Pathway for the management of ITP	
Pathway for the management of hyperhidrosis	
Pathway for the management of urticaria	

## Appendix 4: Work plan for the SEL APC in 2018/19

### Outline Work-plan for the South East London APC April 2018 - March 2019

For 2018/19, the APC work plan aims to continue to provide clinical leadership and develop recommendations to support delivery of specific medicines related elements of the SEL Sustainability and Transformation Plan (STP). Three broad areas were identified in 2017/18, which SEL CCGs will continue to work on collaboratively in 2018/19, with a particular aim to ensure there is wider engagement. The three areas are:

- **Promoting self-care and reducing the use of over the counter products (OTC) for self-limiting conditions and drugs of limited clinical value, on NHS prescription**
- **Medicines waste reduction through improved management of repeat prescribing requests**
- **Developing resources to reduce waste associated with prescriptions for continence products – stomas and catheters**

A SEL wide strategic approach is under development through lead CCGs for these areas to support delivery at local level.

#### Other APC outputs and ongoing work

It should be noted that the work of the Committee is **not limited** to the focused work outlined in this work plan (please refer to outputs of the Committee in 17/18 on pages 8-11 of the annual report for examples). Other examples of work areas for the Committee include:

- Development of treatment pathways arising from formulary submissions
- Co-ordination and responding to national initiatives (for example: RMOC guidance, significant MHRA alerts).
- Development of shared care guidelines/Transfer of Care

Additionally, there is ongoing work from the 17/18 APC work plan that will be taken forward for completion in 18/19. For example:

- There are numerous pathway groups under the APC which continue to develop, update and review existing pathways throughout the year to ensure these are operating in line with the current evidence, including NICE technology appraisal guidance. The pathways ensure that all constituent groups are given full opportunity to be aware of and be involved in pathway / therapeutic area. A summary of the current pathway groups reporting to the APC can be found at the end of this work plan. For each pathway area one CCG will be designated as the lead CCG and be responsible for ensuring the agreed timescales are achieved. A supporting CGG will also be identified where considered necessary.
- As with previous biosimilar agents (infliximab, etanercept, rituximab) implementation of biosimilar adalimumab will be considered through the rheumatology, IBD and dermatology sub-groups.
- There have been a significant number of guidelines and pathways ratified through the APC since its inception and some of these will be coming up for review in 2018/19.
- The “Red, Amber, Grey” (RAG) list will be updated on a quarterly basis.

Update on progress in delivering the APC work plan will be noted at each quarterly APC meeting.

**Focused work plan areas 2018/19**

Clinical Area	Outcomes	Clinical rationale for area	Financial data	Timescale	Lead CCG	Supporting CCG (where required)
Haematology – ITP (carried over from 2017/18)	Develop a pathway for the management of ITP and TTP to include the place in therapy of rituximab and to support NICE Implementation.  <b>Update:</b> Pathway in draft at March 2018. Requires consultation.	Alignment of local pathway with NICE guidance for management of ITP	These are CCG commissioned tariff excluded drugs so provides cost effective commissioning and avoids IFR requests.	Pathway to be finalised by end of May 2018.	Southwark	Lambeth
Pain management (carried over from 2017/18)	To develop a common guideline for non-cancer chronic pain management across South East London – with a focus on opioid medication.  <b>Update:</b> March 2018: Second draft developed for review by pain consultants following which it will be circulated more widely.	To support safe prescribing and promote good practice in prescribing.	Spend on different opioid drugs and formulations (e.g. patches, modified release) and lignocaine patches is high across all 6 CCGs.	Guideline to be finalised by end of June 2018	Lewisham	Bexley
Implementation of the NHS England low priority medicines initiative	To provide a framework and associated support resources to enable NHS organisations in SEL to implement the NHS England initiative	Patient safety /Good practice Consistent approach	Significant spend across SEL on the 18 areas identified in the NHS England guidance.	Phased approach, first of which to be agreed by end of April 2018	Southwark and Bexley jointly leading	
Paediatrics	Development of paediatric “Red, Amber, Grey” (RAG) list for SEL.	To support safe prescribing and promote good practice in prescribing in the most appropriate care setting. To improve quality of information to practices.	Difficult to estimate as some prescribing is restricted to NHS England commissioned services, whilst some may be transferred out to primary care.	September 2018	Greenwich	Lewisham
Antimicrobial Stewardship	Antibiotic campaign across SEL in time for Autumn/Winter 2018	To promote responsible and appropriate use of antibiotics. To increase awareness across SEL on antibiotic resistance	n/a – quality issue	Campaign to be developed and agreed by end of July 2018.	Lewisham	Greenwich

Clinical Area	Outcomes	Clinical rationale for area	Financial data	Timescale	Lead CCG	Supporting CCG (where required)
Use of biological medicines in rheumatology, dermatology and gastroenterology	To develop a consistent best value approach for the use of adalimumab across the local health economy, in line with NHSE's commissioning framework for biological medicines.	To support safe and cost-effective prescribing of biological medicines across SEL. To support implementation of biosimilar adalimumab.	Biological medicines are currently the largest cost and cost growth areas in the NHS medicines budget. They are CCG commissioned for most indications in adults.	End of August 2018	Lambeth	Bromley
Update SEL Interface policy and private prescribing guide	Provides framework for supply by secondary care on discharge / out patients and advice about information ( on medicines) which should be provided on admission and discharge	Patient safety /Good practice Consistent approach	n/a	Existing documentation to be updated and finalised by end of March 2019	Bexley	
Chronic Urticaria management	Following a formulary submission for oral treatments and omalizumab in non-NICE approved urticaria, it has been identified that a pathway for the management of urticaria is required. To include management in primary care and secondary care. Associated shared care to also be developed.	To clarify the place in therapy of a number of treatments for the management of urticaria. To support safe and cost-effective prescribing in the right care setting.	Omalizumab is a tariff excluded, CCG commissioned drug so provides cost effective commissioning through a defined management pathway and avoids IFR requests.	End of June 2018		Southwark supporting. Pathway/shared care will be developed by the Trust making the formulary submission.
Hyperhidrosis management	Following a formulary submission, it has been identified that a pathway for the management of hyperhidrosis is required, to include management in primary care and secondary care.	To clarify the place in therapy of treatments for the management of hyperhidrosis. To support safe and cost-effective prescribing in the right care setting.	Botulinum toxin is a tariff excluded, CCG commissioned drug noted in the South East London Treatment Access Policy for hyperhidrosis.	End of June 2018		Bromley supporting. Pathway will be developed by the Trust making the formulary submission.

Clinical Area	Outcomes	Clinical rationale for area	Financial data	Timescale	Lead CCG	Supporting CCG (where required)
Developing shared care agreements/ transfer of care/GP Information sheet for new drugs taken presented to the Medicines and Pathways Review Group	Agreements will be developed once status of drug agreed as “amber” via formulary submission. Each borough will review shared care submission in line with timescale agreed in the process for developing shared care.	Patient safety / best practice To ensure that if a treatment is agreed, effective advice is in place for all clinicians who may prescribe. Initial draft is prepared by clinician applying for new drug approval	This will depend on the drug being submitted through the process.	With application process		Responsibility for developing shared care is with the Trust making the formulary submission.  Responsibility for coordination of comments from CCGs on draft shared care will be carried out on a rotational basis by all 6 CCGs

### Existing APC guidelines due for review in 2018/19

Guideline	Lead/support organisations in SEL	Expiry date of current version
Emollient guideline	Bexley CCG	January 2018 (review underway)
Cow's milk protein allergy guideline	Southwark CCG	March 2018
Asthma guideline	Responsible Respiratory Prescribing group (RRPG)	April 2018
COPD guideline	RRPG	April 2018
Transfer of Care and guidance documentation for anticoagulants (DOACs) in VTE	Cardiovascular Medicines Working Group	June 2018
Transfer of Care and guidance documentation for anticoagulants (DOACs) in AF	Cardiovascular Medicines Working Group	June 2018
Transfer of care and guidance for sacubitril/valsartan	Cardiovascular Medicines Working Group	June 2018
Liver transplantation shared care guidelines for adults (x4)	KCH/Lewisham CCG	June 2018
Shared care for paliperidone depot injection	SLaM/Lewisham CCG	October 2018
Shared care for aripiprazole depot injection	SLaM/Lewisham CCG	October 2018
Shared care for cystic fibrosis medication in paediatrics	KCH/Bromley CCG	November 2018
Shared care for DMARDs in autoimmune rheumatic disorders	GSTfT/Lambeth CCG	January 2019
Red, amber grey list	Bromley CCG	Ongoing quarterly review
RA biologic pathway/monitoring framework	GSTT/KCH/Lambeth CCG/Southwark CCG	Ongoing 6 monthly review
SpA pathway/monitoring framework	GSTT/KCH/Lewisham CCG /Bexley CCG	Ongoing 6 monthly review
IBD pathway/monitoring framework	GSTT/KCH/Lambeth CCG/Lewisham CCG	Ongoing 6 monthly review
Ophthalmology pathways for specialist eye conditions	KCH/GSTT/Greenwich CCG/ Southwark CCG	Ongoing 6 monthly review

### Cardiovascular, diabetes and respiratory work plans:

South East London cardiovascular, diabetes and respiratory working sub-groups of the SEL APC will develop their individual work plans, progress against these will be reported via the MPRG/APC.

