NHS
Devon
Clinical Commissioning Group

Devon Formulary Interface Groups

Annual Report

1 April 2020 – 23 February 2021

July 2021

Northern and Eastern Devon Formulary Interface Group (N&E FIG)

South and West Devon Formulary Interface Group (S&W FIG)

Annual Report 1st April 2020 – 23 February 2021

Contents

Appendix to Annual Report

1. Introduction

1.1 This report provides an overview of the work undertaken by the Formulary Interface Groups in the southern and western areas of Devon (S&W Devon FIG) and in the northern and eastern areas of Devon (N&E Devon FIG) from 1st April 2020 to 23rd February 2021.

1.2 On 24th February 2021, following a consultation of the membership, the two FIGs merged to form a single Devon-wide FIG (see section 13). This is therefore the final annual report of the Devon Formulary Interface Groups and covers a period of approximately 11 months.

1.3 During the period of this report, the FIGs collectively delivered the Devon formulary to promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices. The formulary is not a restrictive list of drugs that can be prescribed but represents recommended drug treatment options and associated guidance notes drawn up after widespread consultation amongst prescribers in primary care and the NHS trusts involved at a local level.

1.4 The FIGs reflect the natural healthcare communities clustered around the major hospitals in Devon. These groups publish their guidance through bespoke websites

and an app which also include the Clinical Referral Guidelines produced for NHS Devon CCG by Devon Referral Support Services. The addition of these guidelines brings together in one place two essential information resources permitting easy cross referencing of information and advice, making the Formulary websites a valuable resource for prescribers and those making referrals as they care for their patients.

1.5 Whilst there is essentially one formulary in Devon, there may be differences between the two Devon FIGs in the detail of their workplans, the items discussed, and the guidance and recommendations produced for North and East Devon and South and West Devon. Decisions made by each of the FIGs are taken in the context of the local service configurations, local priorities, and the approaches to treatment preferred by the clinicians in their area, whilst reflecting the policy positions of the service commissioners (the CCG, Local Authority, NHS England etc.). This variation allows the Devon Formulary to reflect and support the different needs of the local healthcare communities.

1.6 COVID-19 impacted the work of the FIGs as resources were diverted to support the local NHS response to the pandemic. Nevertheless, the FIGs continued to produce an extensive range of new and updated recommendations (sections 4 to 7). In addition, the formulary supported the development and dissemination of COVID-19 related guidance from various local and national groups (see section 8).

1.7 Between 1st April 2020 and 23rd February 2021, the Devon Formulary and Referral app was downloaded over 800 times, and the website recorded over 1.65million pageviews (section 10), reflecting its continued utility as a trusted source of information.

2. The Process

2.1 The Formulary is produced via a collaborative approach with a number of organisations.

The S&W Devon FIG draws its membership from:

- Devon Partnership Trust
- Livewell Southwest
- NHS Devon CCG
- University Hospitals Plymouth NHS Trust
- Torbay and South Devon NHS Foundation Trust.

The N&E Devon FIG draws its membership from:

- Devon Partnership Trust
- NHS Devon CCG
- Northern Devon Healthcare NHS Trust
- Royal Devon and Exeter NHS Foundation Trust

Terms of Reference

2.2 The Terms of Reference are provided in Appendices 1 and 2.

Membership and quoracy of the FIGs

2.3 The Core Membership of each FIG is detailed in their individual Terms of Reference (Appendix 1 & 2) and is drawn from the collaborating organisations.

2.4 For the N&E FIG to be quorate there will be at least two medical practitioners, (of whom at least one is a General Practitioner) and two pharmacist representatives, (of whom at least one must be from the Clinical Effectiveness team, NHS Devon CCG). For the S&W FIG to be quorate there will be at least two medical practitioners (of whom at least one is a General Practitioner) and two pharmacist representatives (of whom at least one must be from the CE Team, or MO Team, NHS Devon CCG).

Attendance

2.5 Details of attendance at meetings of the S&W Devon FIG and at meetings of the N&E Devon FIG are provided in Appendix 3

The work programme

2.6 The work programme of the Formulary Interface Groups is managed by the Clinical Effectiveness team of NHS Devon CCG.

Meeting arrangements

2.7 Meetings for both the Devon FIGs are scheduled to take place at intervals of approximately two months. Between 1st April 2020 and 23rd February 2021 five meetings of the N&E Devon FIG were held. A sixth meeting scheduled to take place on 21st May 2020 was cancelled due to the COVID-19 pandemic. Over the same period two meetings of the S&W FIG took place. Three further meetings scheduled to take place on 22nd April, 17th June and 14th October 2020 were cancelled due to the COVID-19 pandemic impacting on the availably of FIG members. Due to COVID-19 restrictions all FIG meetings took place via Microsoft Teams.

2.8 In addition to the face to face meetings with formal agendas and minutes, a number of e-FIG meetings (see section 7) have taken place to make specific one-off decisions. These have been conducted in line with the agreed process on an as required basis for appropriate items. The outcomes of e-FIG meetings are reported and recorded in the minutes of the subsequent face to face meeting along with any declarations of interest made. These are discussed in 7.3 below.

2.9 The formally agreed chairs for both FIGs are secondary care consultants. The N&E FIG is chaired by Dr Tawfique Daneshmend, Royal Devon and Exeter NHS

Foundation Trust. The S&W FIG is chaired by Dr Peter Rowe, University Hospitals Plymouth NHS Trust. On one occasion Dr Daneshmend was unavailable to chair a meeting of the N&E Devon FIG. It was suggested and agreed by FIG members that the meeting be chaired by Matt Howard, Clinical Evidence Manager, NHS Devon CCG.

2.10 Meeting agendas and minutes are produced and distributed by NHS Devon CCG's Clinical Effectiveness Team in line with the Terms of Reference.

Declaration of Interest

2.11 All members of the committee, secretariat, guests, observers and clinical specialists are expected to complete and submit a declaration of interest form prior to the start of each meeting. This specifies the drug/technology due to be considered along with details of any comparative product, and the respective pharmaceutical company/manufacturer. It also seeks to capture any interests relating to clinical areas where non-drug items are due to be discussed. Declarations of interest are also required for items discussed via e-FIG meetings.

2.12 All declared interests are considered by the Chair of the FIG and appropriate disclosures made to the committee at the beginning of the meeting. Where there are no interests to declare, a 'nil' return is required.

2.13 A record of declared interests is kept by the secretariat and full details are made publicly available in the minutes of the meeting. A register of all declared interests for the year is included in Appendix 4.

3. NICE Guidance, Commissioning and Assurance/Recommendations

3.1 The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE Technology Appraisal (TA) guidance and NICE Highly Specialised Technologies (HST) guidance, making them available within three months of publication or sooner when agreed by NHS England. NICE TAs are commissioned by either CCGs or NHS England. The HST programme only considers drugs for very rare conditions; the responsible commissioner for these is usually NHS England.

3.2 The Devon Formulary supports NHS Devon CCG to fulfil its commissioning responsibility in respect of NICE TAs and HSTs. This is achieved through the addition of all TAs and HSTs to the local formulary in line with the requirements of each piece of guidance regardless of whether they are CCG or NHS England commissioned. For completeness and clarity technologies for which NICE has issued a statement that they are not recommended for routine commissioning are also added. NICE TA and HST recommended treatments are usually added to the formulary as secondary care only treatments in the first instance. These are detailed in. Appendix 5 of this report.

3.3 Following instruction from the CCG's NICE Planning Advisory Group (NPAG), thirty-three (33) TAs and one (1) HST were added to the local formulary between 1 April 2020 and 23 February 2021.

4. Reviewing and Developing formulary guidance

4.1 Existing formulary guidance is considered for review on an ongoing basis, with reviews of chapters or sections completed when required. Prioritisation for review is informed by horizon scanning for new/revised national guidelines (National Institute for Healthcare and Clinical Excellence [NICE], Public Health England, Scottish Intercollegiate Guidelines Network [SIGN], professional body guidelines etc.), and requests from stakeholders and users.

4.2 New sections of formulary guidance are also developed in response to local need, identified by requests from stakeholders and users and through horizon scanning for new/revised national guidelines. This results in a growing catalogue of information and guidance that requires maintaining, reviewing, and updating via the FIGs.

4.3 The formulary development and review process involves consultation with local specialists in order to produce evidence based guidance that reflects local clinical practice and service provision. This enables Devon formulary recommendations to remain broadly consistent across the county, whilst allowing variation to reflect and support the different needs of the local healthcare communities clustered around the four major hospitals in Devon.

4.4 During the period of this report significant resources were dedicated to supporting the local NHS response to the COVID-19 pandemic (see section 8), in addition a number of existing sections were reviewed and updated; some examples are briefly noted here.

4.5 Several sections of the infections chapter (gonorrhoea, pelvic inflammatory disease, acute pyelonephritis, recurrent urinary tract infections [UTI], catheter-associated UTI, and impetigo) were reviewed Devon-wide, in line with updated national guidance. Informed by local specialists including microbiologists and the Devon Antimicrobial Stewardship Group, the resulting formulary guidance contains detailed recommendations supporting appropriate use of antibiotics.

4.6 Following publication of new / updated guidelines from NICE, formulary guidance on the management of suspected deep vein thrombosis and pulmonary embolism was updated, and new formulary guidance was produced regarding the management of acute exacerbation of bronchiectasis (non-cystic fibrosis).

5. Product applications, proposed changes to formulary products and changes to product status or prescribing advice

5.1 As reported in section 3 above, mandatory NICE TAs and HSTs are routinely added to the formulary, usually as secondary care only (red) drugs. The formulary status and appropriate prescribing advice of such treatments may subsequently be discussed and agreed by the FIGs.

5.2 In addition, applications to consider new drugs for inclusion into the Devon Formulary are received by the CCG's Formulary Team, these are considered either by the Clinical Policy Committee (CPC) or by the FIGs according to the Terms of Reference of the CPC. The Formulary team also receives applications for consideration of removal of products from the formulary or for a change to be made to current formulary preparations such as to the preferred brand or a change in prescribing status e.g. from "secondary care only" to "specialist". Applications are considered against key criteria including evidence of efficacy and safety, and cost considerations.

5.3 The application process includes consultation with relevant local specialists, who are offered the opportunity to provide comments and opinions on the risks and benefits of a proposal, as well as the appropriate place in therapy and associated formulary guidance notes for a particular product. Specialists are also invited to attend the FIG meeting at which a decision will be made.

5.4 In year, both the S&W FIG and N&E Devon FIG considered a number of product applications, proposed changes to formulary products, and changes to product status or prescribing advice. Items discussed included extending the use of 5-fluorouracil 5% cream in actinic keratosis, the reclassification of vigabatrin to hospital only in N&E Devon (reflecting the position in S&W Devon and the need for regular specialist safety monitoring), and inclusion of Espranor oral lyophilisates in N&E Devon for the management of opioid dependence (following an earlier successful application for S&W Devon).

6. Relationship with the Clinical Policy Committee

6.1 New drugs which fall outside of the remit of the FIGs to decide upon are considered for commissioning by the Clinical Policy Committee (CPC). The CPC makes recommendations to the CCG's Governing body or appropriate groups with delegated authority, for approval of treatments following clinical discussion of the issues. Once approved policies for such treatments are published on the CCG website.

6.2 Subsequent to a drug commissioning recommendation being submitted to the CCG for approval the FIGs consult with appropriate clinicians. FIG discussions include the position of the drug within the locally recommended treatment pathway. Between 1st April 2020 and 23rd February 2021, the FIGs agreed formulary entries for the following treatments which the CPC had recommended for commissioning:

- Sativex® for the treatment of spasticity in multiple sclerosis
- Pitolisant hydrochloride for the treatment of narcolepsy with or without cataplexy in adults
- Invicorp® for erectile dysfunction
- Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism
- Rosuvastatin for the prevention of cardiovascular disease

6.3 In the case of a CPC recommendation and CCG ratification against routine commissioning this information is added to the formulary. Between 1 April 2020 and 23 February 2021 two such recommendations were made:

- Prasterone (Intrarosa®) for the treatment of vulvar and vaginal atrophy
- Ospemifene (Senshio®) for the treatment of vulvar and vaginal atrophy

6.4 On occasion the CCG decides to rescind a policy due to it being superseded by mandatory NICE Technology appraisals. Between 1 April 2019 and 23 February 2020 no policies were rescinded in this way. However, following a European Medicines Agency (EMA) safety review, the CCGs commissioning policy for Ulipristal acetate 5mg tablets (Esmya®) for the treatment of uterine Fibroids was withdrawn. The Devon Formulary was updated, and the position reinforced via the formulary news.

7. e-FIG

7.1 The virtual e-FIG process allows for discussion via email of items for which there is a desire for increased pace in the decision making process (for example when the decision represents a financial priority for stakeholder organisations, or when a safety issue cannot wait for the next face to face FIG meeting), or for relatively straight forward decisions in order to free up face-to-face time for more complex discussions. The process reserves the right of the FIG membership to return papers for clarification or further discussion at a face-to-face meeting if the issue is not as straightforward as it would first appear.

7.2 The e-FIG process ensures a robust system of checks and balances remains in place for formulary decision making, striking the right balance between responsiveness and due process, whilst reducing the expense and time burden of additional face to face meetings.

7.3 There was reduced use of the e-FIG process compared to the previous year, reflecting the impact of the COVID-19 pandemic on “business as usual”; during the period of this report just 6 items were considered via e-FIG, compared with 30 items in 2019/20.

7.4 Proposals for formulary inclusion Salamol® as the preferred brand of Salbutamol pressurised metered dose inhaler (supporting a reduced carbon footprint), and Algivon

Plus Ribbon® were considered and accepted via S&W Devon e-FIG. Both areas considered and accepted proposed minor revisions to local methotrexate "shared care" guidelines via e-FIG following publication of an MHRA Drug Safety Update. For these relatively straight forward decisions, the virtual process allowed face to face time to be utilised for more complex discussions.

8. Response to the COVID-19 pandemic

8.1 In response to the COVID-19 pandemic, the FIG meetings in April, May and June 2020 were cancelled in order that the time be used by members to tackle more urgent, higher priorities.

8.2 During these months, any formulary work which would require specialist input, and which was not directly related to COVID-19, was temporarily paused to allowed specialists to focus on supporting the local response to the pandemic. The focus of the CCG Formulary Team was redirected to supporting the development and dissemination of COVID-19 related guidance from various local and national groups.

8.3 It was recognised that there would be circumstances where the COVID-19 response had implications for existing formulary content, and that some updates to the permanent formulary content could not wait until resumption of FIG meetings (especially since it was uncertain when that might be).

8.4 In April 2020, the CCG agreed a temporary new governance process for urgent formulary decisions which brought together the membership of the two FIGs in Devon to a single committee to ensure resilience during the pandemic. This process was an amalgamation of the existing FIG and e-FIG processes, and balanced responsiveness and due process, maintaining a suitably robust governance process.

8.5 Changes agreed through this process were formally noted at the next FIG meeting; these included the change from diamorphine to morphine for end of life care (driven by a national directive and a shortage of diamorphine), and updates to anticoagulation guidance for the treatment of suspected DVT in light of COVID-19 specific guidance from NHS England and updated NICE guidance issued shortly prior to the first national lockdown.

8.6 FIG meetings resumed in July 2020, via teleconference.

8.7 A temporary formulary page was created that provided a summary of formulary updates specific to the COVID-19 pandemic and linked out to useful resources and national guidance. In year, 27 updates were published on this page; additional temporary changes to drug entries and guidance pages supported these specific COVID-19 updates. The following examples highlight the variety of subjects covered:

- Nationally recommended treatments for COVID-19

- Locally agreed changes to drug safety monitoring for “shared care” medicines
- Local and national guidance for end of life symptom control for patients dying of COVID-19
- Management of pneumonia (in the community and in hospital)
- Treatment of patients requiring Vitamin B12 during the COVID-19 pandemic
- Local advice regarding patients presenting in alcohol or opiate withdrawal to general practice during the COVID-19 pandemic
- Local advice regarding the prevention and treatment of skin damage beneath personal protective equipment (PPE)
- COVID-19 and vitamin D supplementation

9. Other updates and publications noted/considered

Recent Drug Decisions

9.1 At each of the FIG meetings the FIG receives the output of relevant local and national bodies, noting and taking actions appropriate to each. These include:

- Decisions taken by local trust medicines groups regarding secondary care usage
- Decisions taken by the Clinical Policy Committee
- NICE publications since the last meeting
- Removal of discontinued products

Medicines and Healthcare Products Agency (MHRA) Drug Safety Updates

9.2 Each month the MHRA and its independent advisor the Commission on Human Medicines publish a Drug Safety Update (DSU) for medicines users. These are considered by each of the FIGs to determine which of the advice is appropriate for addition of locally tailored formulary notes and any current formulary information is concurrently reviewed.

- The N&E considered advice for 51 treatments included in the MHRA Drug Safety Updates published between December 2018 and February 2020. The S&W FIG considered advice for 38 treatments included in the MHRA Drug Safety Updates published between March 2019 and January 2020. The differences between the publication dates and the number of treatments considered by each FIG is due to the dates on which meetings were held and the dates on which the MHRA Drug Safety Updates were published.

10. Website and App

10.1 The Devon formulary has a bespoke website which is geographically tailored to reflect the decisions of the FIGs. It is available on a single App for both Android and Apple

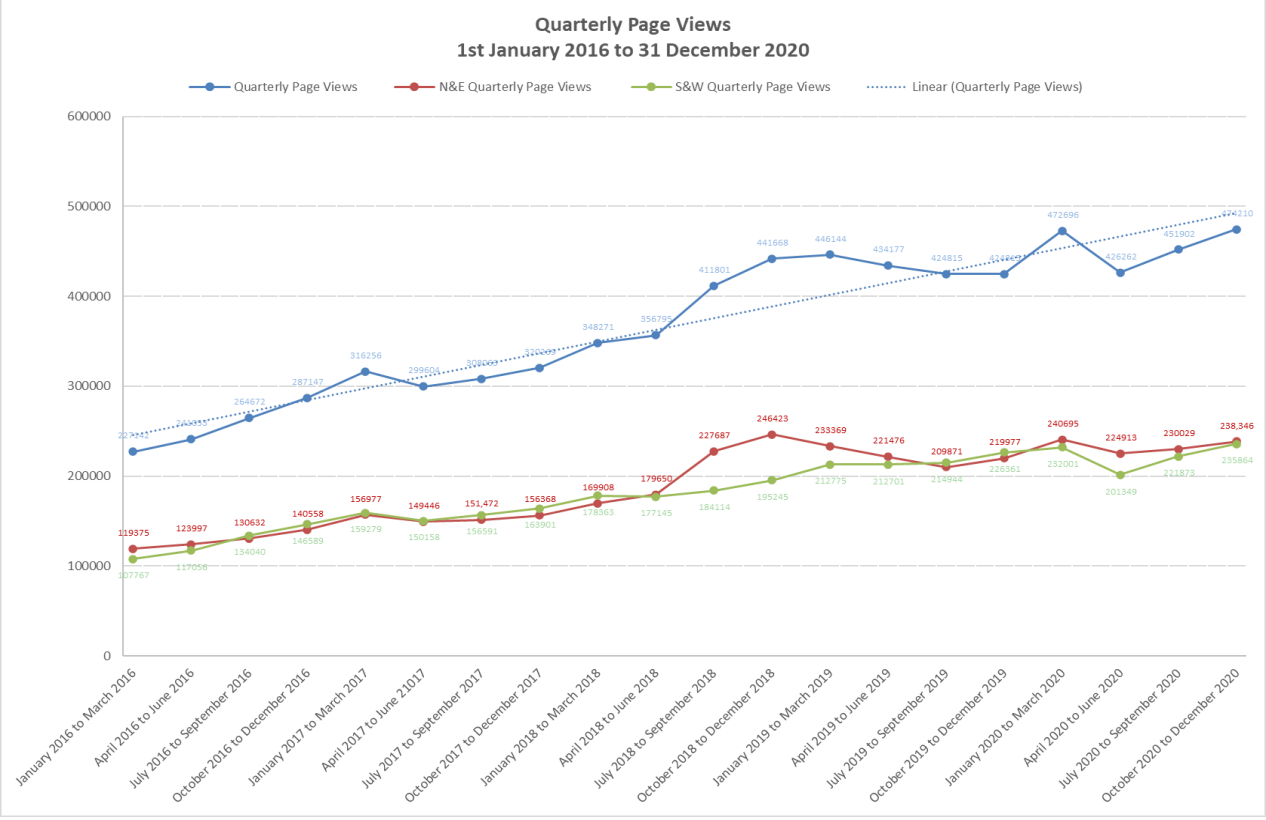
devices. As the formulary website is updated this is automatically translated onto the App with information specific to the relevant FIG area.

10.2 Between 1st April 2020 and 23rd February 2021, the combined number of page views was 1,657,982 (812,598 for S&W Devon and 845,384 for N&E Devon).

10.3 The total page views during the period 1st April 2000 to 23rd February 2021 took place over 510,829 individual sessions. During each session an average of approximately 2.5 pages were visited.

10.4 In the formulary side of the website, across both sites, Chapter 5 Infections pages continue to be the most viewed. Similarly, from the referral side of the site (managed by DRSS, not the FIGs) the Two Week Wait pages are the most frequently viewed.

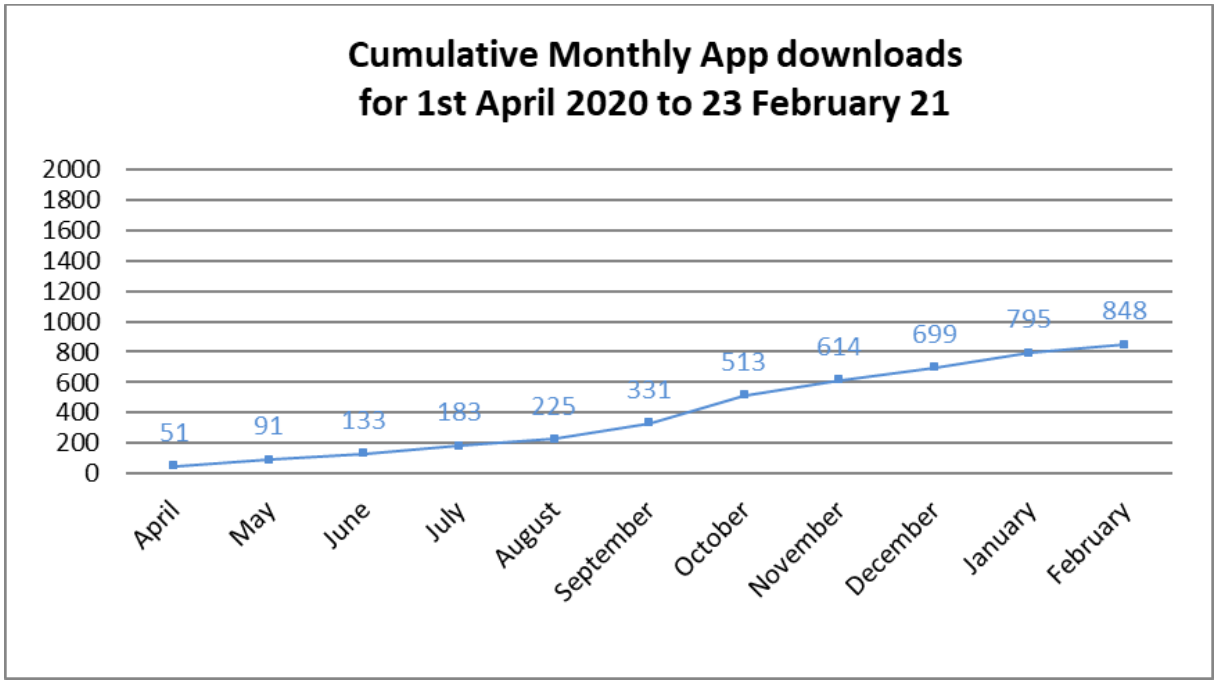
10.5 The graph below shows the number of page views on a quarterly basis over five years between 1st January 2016 and 31st December 2020 for the Devon Formulary and referral website together with the data for the S&W and N&E geographical areas.



10.6 The table below shows the percentage change in use year on year between 1 January 2016 and 31 December 2020.

Date	Page Views	Approximate % change from previous year
1st January 2016 to 31 December 2016	1,020,014	
1st January 2017 to 31 December 2017	1,243,555	22% increase
1st January 2018 to 31 December 2018	1,558,535	25% increase
1st January 2019 to 31 December 2019	1,514,622	3% decrease
1st January 2020 to 31 December 2020	1,825,070	20% increase

10.7 The graph below shows the cumulative monthly downloads of the Devon Formulary and Referral App between 1 January 2020 and 23 February 2021. During this time the app was downloaded over 800 times. Since its launch, the app has been downloaded approximately 10,000 times.



11. Costs

11.1 The clinical effectiveness team continue to seek best value in the running costs of the formulary. In year all meetings were held virtually due to the COVID-19 outbreak, therefore there were no costs relating to venue bookings.

12. Communication

Formulary Updates

12.1 Formulary updates are highlighted on the Recent Updates page and Formulary News banner of the website and published on the Medicines Optimisation Post (MOP) Live website. The updates are published in the GP bulletin managed by the CCG Communications Team and sent via e-mail to GP practices. The Formulary Team disseminates the updates via e-mail to relevant people who may not otherwise have access to these resources, including all FIG members for dissemination throughout their organisation.

Governance Documentation

12.2 The Formulary Interface Groups governance documentation (minutes of meetings, Terms of Reference) are publicly available via the Devon-wide Formulary and Referral Website.

12.3 This annual report will similarly be made publicly available via the Devon-wide Formulary and Referral Website.

13. Reflective Practice

13.1 Following completion of technical developments and improved functionality to the website, a decision had been taken by the Formulary team to develop a new user survey to be rolled out in the spring of 2020. This work was put on hold due to the COVID-19 pandemic.

13.2 During September and October 2020, FIG members were consulted on a proposal to merge the two groups into a single Devon-wide FIG, with Microsoft Teams as the principle method of meeting. Key points were as follows:

- Since the merger of the predecessor formularies in 2013/14, Devon formulary recommendations have converged, so that recommendations between localities are more similar than different. A Devon-wide perspective is adopted when developing or updating formulary guidance, however some variation remains for variety of reasons e.g. differences in local specialist opinion, service provision or historic financial arrangements. Merging the FIGs supports a further reduction in variation and ensures that where differences remain, this is explicitly considered and borne of necessity

- Merging the FIGs provides an opportunity to improve efficiency in formulary team workload and utilising digital solutions such as Microsoft Teams as the primary means of meeting supports attendance, reduces costs and time away from office /

patient facing work, and has the potential to reduce carbon emissions from travel in line with NHS Carbon Reduction Strategy

- Formulary content will continue to be developed, maintained, and reviewed in the existing manner. Devon-wide recommendations will be the default position (with localised variation agreed where necessary); separate presentations of the formulary (N&E Devon, S&W Devon) will be retained for as long as there are sufficient differences that this remains the clearest way to present formulary guidance.

- Decision making will continue to be by consensus, and the e-FIG process will continue to be utilised in line with existing arrangements

- Governance arrangements will continue in line with existing arrangements and the Devon FIG will report into the Devon Clinical Policy Committee.

13.3 Respondents to the consultation unanimously agreed with the proposal to merge the FIGs, and the adoption of Microsoft Teams as the principle method of holding meetings. The benefit of face to face discussions was highlighted and it was agreed that when face to face meetings are again possible, the FIG will hold one face to face meeting per year.

14. Conclusion

14.1 The merger of the N&E Devon FIG and the S&W Devon FIG to form the Devon FIG was completed in February 2021. This is the final report of the two FIGs and covers the period 1 April 2020 to 23 February 2021.

14.2 Members of the S&W Devon FIG and the N&E Devon FIG are asked to approve the annual report as a record of the activity and the governance arrangements underpinning the groups.

14.3 The report will be submitted to NHS Devon CCG's Clinical Policy Committee for assurance of how the CCG promotes prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care by providing guidance on locally recommended drug and treatment choices.

NHS
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Clinical Commissioning Group

South and West Devon Formulary Interface Group (FIG)

Terms of Reference

1 Purpose of the Group

1.1 To provide a forum for the NHS Devon Clinical Commissioning Group (CCG) to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

2 Functions

The South and West Devon Formulary Interface Group (FIG) will:

2.1 Work together for Devon to support safe, evidence-based, cost effective prescribing to make the best use of valuable health resources.

2.2 Produce, maintain and review a formulary for use across South and West Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

2.3 Ensure treatments approved by local decision making groups are included in the Joint Formulary. Local decision making groups include:

- Devon Clinical Policy Committee
- Torbay and South Devon Healthcare NHS Foundation Medicines Approval Committee (MAC).
- Medicines Governance Committee, University Hospitals, Plymouth NHS Trust.

2.4 Ensure treatments recommended by a NICE Technology Appraisal or Highly Specialised Technology are included in the Joint Formulary in line with the CCG's statutory responsibility to commission within the timeframe recommended in that guidance.

2.5 Support secondary care use of drugs commissioned by NHS England.

2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

2.8 Review and update the Joint Formulary according to an agreed work plan, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

2.9 Receive drugs safety update information and consider how this information should be reflected in the formulary.

3 Membership

3.1 The South and West Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the local population and organisations involved. The core membership comprises:

- Four GP representatives from the Western and South Devon and Torbay areas of NHS Devon CCG
- Consultant representative, Torbay and South Devon Healthcare NHS Foundation Trust
- Consultant representative, University Hospitals Plymouth NHS Trust
- Pharmacy representative, Torbay and South Devon Healthcare NHS Foundation Trust
- Pharmacy representative, University Hospitals Plymouth NHS Trust
- Two NHS Devon Medicines Optimisation (MO) Pharmacist representatives, one from the South Devon area and one from the West Devon area of NHS Devon CCG
- Pharmacist representative, Livewell Southwest
- Pharmacist representation, Devon Partnership Trust
- Joint Formularies Pharmacist, NHS Devon CCG
- Joint Formularies Support Pharmacist, NHS Devon CCG
- Joint Formulary Technician, NHS Devon CCG
- Clinical Evidence Manager, NHS Devon CCG

The FIG Chair will be selected from the core membership by the group. When absence is anticipated the Chair will nominate an existing group member to deputise for that meeting. Otherwise the committee will nominate a Chair from those present on the day.

The membership is supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

3.2 Clinical specialists and other stakeholders can be invited to attend relevant meetings.

4 Meetings and Conduct of Business

4.1 Meetings will be conducted regularly at a frequency agreed by the group.

4.2 Meetings of the Group will be formal and appropriate agenda and minutes produced.

4.3 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment. Meeting papers will be disseminated to FIG members prior to each meeting.

4.4 Administrative support will be provided by the Clinical Effectiveness Team, NHS Devon CCG.

4.5 Meetings may be attended in person or via teleconferencing where services exist.

4.6 For the Group to be quorate there will be at least two medical practitioners (of whom at least one is a General Practitioner) and two pharmacist representatives (of whom at least one must be from the CE Team, or MO Team, NHS Devon CCG).

4.7 Decisions are taken via a consensus approach.

4.8 In addition to the face to face meetings with formal agendas and minutes e-FIG meetings will be held, as per the agreed process, as required for appropriate items. The outcomes of e-FIG meetings will be reported and recorded in the minutes of the subsequent face to face meeting.

5 Governance/ Reporting arrangements

5.1 The South and West Devon Formulary Interface Group will provide progress reports for the Clinical Policy Committee. This group reports to the Governing Body of NHS Devon Clinical Commissioning Group.

5.2 Minutes of the South and West Devon Formulary Interface Group will be made available on the Joint Formulary website.

5.3 The Terms of Reference will be reviewed annually and available on the Joint Formulary website.

6 Declaration of Interests

6.1 All members of the committee and attendees will be expected to complete and submit a declaration of interests prior to the meeting. The Chair will ask that declaration of interests are made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

6.2 Declaration of interests will be expected for items discussed via e-FIG meetings. Any interests will be declared in the e-FIG response and formally recorded at the next FIG meeting.

NHS
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Northern & Eastern Devon Formulary Interface Group (FIG)

Terms of Reference

1 Purpose of the Group

1.2 To provide a forum for the NHS Devon Clinical Commissioning Group to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

2 Functions

The Northern & Eastern Devon Formulary Interface Group (FIG) will:

2.1 Work together for Devon to support safe, evidence-based, cost effective prescribing to make the best use of valuable health resources.

2.2 Produce, maintain and review a formulary for use across Northern and Eastern Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

2.3 Ensure treatments approved by local decision making groups are included in the Joint Formulary. Local decision making groups include:

- Devon Clinical Policy Committee
- Northern Devon Healthcare NHS Trust Medicines Management Group
- Royal Devon and Exeter NHS Foundation Trust New Drugs Group

2.4 Ensure treatments recommended by a NICE Technology Appraisal or a Highly Specialised Technology are included in the Joint Formulary in line with the CCG's statutory responsibility to commission within the timeframe recommended in that guidance.

2.5 Support secondary care use of treatments commissioned by NHS England.

2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

2.8 Review and update the Joint Formulary according to an agreed work plan, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

2.9 Receive drugs safety update information and consider how this information should be reflected in the formulary.

3 Membership

3.1 The Northern and Eastern Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the local population and organisations involved. The core membership comprises:

- Four GP representatives selected from the Northern and Eastern areas of NHS Devon CCG
- Consultant representative, Northern Devon Healthcare NHS Trust
- Two Consultant representatives, Royal Devon and Exeter NHS Foundation Trust
- Two Pharmacist Representatives, Northern Devon Healthcare NHS Trust
- Pharmacist Representative, Royal Devon and Exeter NHS Foundation Trust
- Two Medicines Optimisation Pharmacist representatives from the Northern and Eastern areas of NHS Devon CCG
- Nurse / Non-medical prescriber representative, NHS Devon CCG
- Joint Formularies Pharmacist, NHS Devon CCG
- Joint Formularies Support Pharmacist, NHS Devon CCG
- Joint Formulary Technician, NHS Devon CCG
- Clinical Evidence Manager, NHS Devon CCG
- Pharmacist representative Devon Partnership Trust

The FIG Chair will be selected from the core membership of the group. When absence is anticipated the Chair will nominate an existing group member to deputise for that meeting. Otherwise the committee will nominate a Chair from those core members present on the day.

The membership may be supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

3.2 Clinical specialists and other stakeholders can be invited to attend relevant meetings.

4 Meetings and Conduct of Business

4.1 Meetings will be conducted regularly at a frequency agreed by the group.

4.2 Meetings of the Group will be formal and appropriate agenda and minutes produced.

4.3 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment. Meeting papers will be disseminated to FIG members prior to each meeting.

4.4 Administrative support will be provided by the Clinical Effectiveness Team, NHS Devon CCG.

4.5 Meetings may be attended in person or via teleconferencing where services exist.

4.6 For the Group to be quorate there will be at least two medical practitioners, (of whom at least one is a General Practitioner) and two pharmacist representatives, (of whom at least one must be from the Clinical Effectiveness team, NHS Devon CCG).

4.7 Decisions are taken via a consensus approach.

4.8 In addition to the face to face meetings with formal agendas and minutes e-FIG meetings will be held, as per the agreed process, as required for appropriate items. The outcomes of e-FIG meetings will be reported and recorded in the minutes of the subsequent face to face meeting.

5 Governance/ Reporting arrangements

5.1 The Northern and Eastern Devon Formulary Interface Group will provide progress reports to the Clinical Policy Committee. This group reports to the Governing Body of NHS Devon Clinical Commissioning Group.

5.2 Minutes of the Northern and Eastern Devon Formulary Interface Group will be made available on the Joint Formulary website.

5.3 The Terms of Reference will be reviewed annually and made available on the Joint Formulary website.

6 Declaration of Interests

6.1 All members of the committee and attendees will be expected to complete and submit a declaration of interests prior to the meeting. The Chair will ask that any declaration of interests be made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

6.2 Declaration of interests will be expected for items discussed via e-FIG meetings. Any interests will be declared in the e-FIG response and formally recorded at the next FIG meeting.

August 2019

Membership and Attendance

South and West Devon FIG meeting attendance

Members and Co-opted members

Members and Co-opted members	Role	Meetings attended/ possible
Community Pharmacy		
Tomazos Kallis	Community Pharmacist	1 of 2
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	1 of 2
NHS Kernow CCG		
Heidi Campbell	Pharmacist	2 of 2
Livewell Southwest		
Nicola Diffey	Pharmacist	1 of 2
Laura Hauser	Advanced Clinical Pharmacist	1 of 2
Sally Mayell	Clinical Director of Pharmacy	0 of 2
NHS Devon CCG		
Jill Ashcroft	MO Pharmacist	1 of 1
Andrew Craig	GP	2 of 2
Matt Howard	Clinical Evidence Manager	2 of 2
Paul Humphriss	MO Pharmacist	1 of 2
Sarah Marner	Interface MO Pharmacist	0 of 1
Bill Nolan	GP	2 of 2
Hilary Pearce	Clinical Effectiveness Pharmacist	2 of 2
Iain Roberts	Head of MO	1 of 2
Graham Simpole	Joint Formularies Support Pharmacist	0 of 1
Darren Wright	Joint Formularies Technician	2 of 2

University Hospitals Plymouth NHS Trust		
Trudy Bown	Chief Pharmacy Procurement IT Manager	1 of 2
Peter Rowe	Consultant Nephrologist	2 of 2
Torbay and South Devon NHS Foundation Trust		
Andrew Gunatilleke	Consultant in Pain management and Anaesthesia	0 of 2
Larissa Sullivan	Pharmacist	2 of 2

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
12 August 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Reshma Gandecha	Deputy Chief Pharmacist	University Hospitals NHS Trust
16th December 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

North and East Devon FIG attendance

Members and Co-opted members

Members	Role	Meetings attended/ possible
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	0 of 4
Northern Devon Healthcare NHS Trust		
Matt Kaye	Chief Pharmacist	4 of 4
Carole Knight	Formulary Pharmacist	3 of 4
NHS Devon CCG		
Glen Allaway	GP	4 of 4
Beverley Baker	Non-Medical Prescribing Lead	1 of 4
Iain Carr	MO Pharmacist	1 of 4
Andrew Harrison	GP	4 of 4
Matt Howard	Clinical Evidence Manager	4 of 4
Sarah Marner	Senior MO Pharmacist	1 of 4
Jess Parker	GP	3 of 4
Hilary Pearce	Clinical Effectiveness Pharmacist	4 of 4
Graham Simpole	MO Pharmacist	4 of 4
Darren Wright	Joint Formularies Technician	4 of 4
Royal Devon and Exeter NHS Foundation Trust		
Tawfique Daneshmend	Northern and Eastern Devon FIG Chair Secondary care consultant	3 of 4
Susie Harris	Consultant, Elderly Care	2 of 4
James Leavy	Medicines Information Support Pharmacist Formulary Pharmacist	4 of 4

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
16th July 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
17th September 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
19th November 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
28th January 2021		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Natalie Janjo	Rotational Pharmacist	RD&E

Declarations of Interest Register (April 2020 – March 2021)

South and Western Devon FIG			
Declaration of interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Peter Rowe	Chair	12 August 2020	• I have received unconditional honoraria for educational sessions on use of NOAC in CKD; funded by Bristol Myers Squibb; now more than 1 year ago.
Tom Kallis	Community Pharmacist	16 December 2020	• Funding provided by Daiichi-Sankyo for educational webinars on ECGs, biochemical and haematological blood interpretation provided by MorPh, within the remit of my East Cornwall PCN role. • Funding received by Chiesi for promotional slot at LPC hosted webinar.
Peter Rowe	Chair	16th December 2020	• Honoraria from Bristol Myers Squibb for nonpromotional CKD education to primary care
Additional Declaration of Interest (Experts, Guests and Secretariat)			
Declaration of Interest forms were completed prior to each meeting. No declarations of interest were reported.			

Northern and Eastern Devon FIG
Declaration of Interest made by committee members
Declaration of Interest forms were completed prior to each meeting. No declarations of interest were reported.
Additional Declaration of Interest (Experts, Guests and Secretariat)
Declaration of Interest forms were completed prior to each meeting. No declarations of interest were reported.

Mandatory NICE Technology Appraisals (TAs) and Highly Specialised Technology (HSTs) Guidance added to the local formularies from 1 April 2020 to 23 February 2021 in line with the CCGs' statutory responsibilities

April 2020

- No TAs or HSTs were due to added to the formulary in April 2020.

May 2020

- TA597: Dapagliflozin with insulin for treating type 1 diabetes (update)
- TA623: Patiromer for hyperkalaemia
- TA624: Peginterferon beta-1a for treating relapsing-remitting multiple sclerosis

June 2020

- TA627 Lenalidomide with rituximab for previously treated follicular lymphoma

July 2020

- TA628 Lorlatinib for previously treated ALK-positive advanced non-small-sell lung cancer
- TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab
- TA638 Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer.

August 2020

- TA630 Larotrectinib for treating NTRK fusion-positive solid tumours
- TA631 Fremanezumab for preventing migraine
- TA632 Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer

September 2020

- TA626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
- TA633 Ustekinumab for treating moderately to severely active ulcerative colitis
- TA639 Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer

October 2020

- TA640 Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant

- TA641 Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma
- TA642 Gilteritinib for treating relapsed or refractory acute myeloid leukaemia
- TA643 Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer
- TA644 Entrectinib for treating NTRK fusion-positive solid tumours

November 2020

- TA645 Avelumab with axitinib for untreated advanced renal cell carcinoma

December 2020

- TA649 Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma
- TA650 Pembrolizumab with axitinib for untreated advanced renal cell carcinoma
- TA651 Naldemedine for treating opioid-induced constipation
- TA653 Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer
- TA654 Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer
- TA655 Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy
- HST13 Volanesorsen for treating familial chylomicronaemia syndrome

January 2021

- No TAs or HSTs were due to added to the formulary in April 2020.

February 2021

- TA71 (update) Guidance on the use of coronary artery stents
- TA152 (update) Drug-eluting stents for the treatment of coronary artery disease
- TA656 Siponimod for treating secondary progressive multiple sclerosis
- TA657 Carfilzomib for previously treated multiple myeloma
- TA658 Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma
- TA659 Galcanezumab for preventing migraine:
- TA660 Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer
- TA661 Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma