NHS
Devon
Clinical Commissioning Group

Devon Formulary Interface Groups

Annual Report

1 April 2019 – 31 March 2020

June 2020

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

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

Annual Report 2019 - 2020

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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 April 2019 to March 2020.

1.2 The FIGs collectively deliver 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.

1.3 The Formulary Interface groups (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.

1.4 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 and NHS England). This variation allows the Devon Formulary to reflect and support the different needs of the local healthcare communities.

1.5 In 2019/20, the Formulary and Referral Website has shown an increase in use over the previous year (from over 1.6 million page views in 2018/19 to over 1.7million page views in 2019/20). This increase reflects consistent growth in quarterly page views since 2015, growing from around 170,000 page views per quarter (April to June 2015) to over 472,000 page views during January to March 2020 (see section 10).

1.6 During this time there has been a growth in formulary content, as new products or clinical guidance is added, and current guidance is revised and expanded (sections 4 and 5). This has resulted in a growing catalogue of information and guidance that requires maintaining and reviewing, as well as giving consideration to requests for additional sections, guidance, or product recommendations.

1.7 This continued growth in content is reflected by the increased usage of the e-FIG process (see section 7) to supplement FIG meetings, utilised for relatively straightforward decisions it can free up committee time for consideration and face to face discussion of more complex decisions.

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 Trust
- Royal Devon and Exeter NHS Foundation Trust

Terms of Reference

2.2 The Terms of Reference are provided in Appendices 1 and 2. The terms of reference are made publicly accessible via the Formulary websites.

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. In year, six meetings of the N&E Devon FIG were held, of these, five meetings took place at Old Heathcoat School Community Centre Tiverton. Due to the COVID-19 Pandemic the meeting scheduled for 19th March took place via BT teleconference. In year the

S&W FIG met five times, the majority of the meetings were held at The Watermark, Ivybridge. The Watermark was unavailable for the meeting scheduled for 10 July 2019, this was held at the Future Inn, Plymouth.

In addition to the face to face meetings with formal agendas and minutes, a number of e-FIG meetings have taken place to make specific one-off decisions. These have been conducted in line with an 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.

2.8 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 occasion Dr Daneshmend and Dr Rowe were unavailable for meetings. In these instances, the meetings were chaired by Dr Susie Harris, Royal Devon and Exeter NHS Foundation Trust and Matt Howard, Clinical Evidence Manager, NHS Devon CCG in the case of the North and East FIG, and Dr Andrew Gunatilleke South Devon and Torbay NHS Trust for the South and West Devon FIG.

2.9 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

2.10 All members of the committee, secretariat, guests 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.

2.11 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.

2.12 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. Similarly, HSTs are also added in line with the timeframe set out in the guidance. 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), fifty-seven (57) TAs and four (4) HSTs were added to the local formulary in year. This represents an increase of 39% in the number of TAs added in year since the first Devon FIG annual report 1 April 2015 to 31 March 2016 reported that forty-one (41) TAs and one (1) HST had been added to the formulary. In addition, one (1) TA was updated by NICE, this was considered by the FIGs but required no change to the existing formulary entry.

4. Reviewing and Developing the Formulary

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 In year, a number of existing sections were reviewed and updated; some examples are briefly noted here.

4.5 Several sections of the infections chapter (lower urinary tract infections, chlamydia, acute prostatitis, chronic pelvic pain syndrome, lower respiratory tract infections,) were reviewed Devon-wide, in line with updated guidance from NICE and Public Health England. Informed by local microbiologists and the Devon Antimicrobial Stewardship Group, the resulting updated formulary guidance contains detailed recommendations supporting appropriate use of antibiotics.

4.6 Following publication of a NICE Clinical Guideline on Chronic Obstructive Pulmonary Disease (COPD) and updated COPD management guidance from the Global Initiative for Chronic Obstructive Lung Disease (GOLD), extensive Devon-wide consultation was undertaken with local respiratory consultants and FIG members. There was a consensus towards a revision of the formulary guidance in line with the 2019 GOLD Report. The FIGs noted that the two guidelines had a lot of similarities, but GOLD was more nuanced and GPs and other

prescribers in primary care are already familiar with this approach. The resulting Devon-wide formulary guidance follows the GOLD approach but includes additional information adopted from the NICE Guidelines where specialists and FIG members felt it would be helpful.

4.7 In keeping with the NHS Long Term Plan, and concerns regarding climate change, additional Devon-wide information regarding the environmental impact of inhalers was developed to support a move to dry powder or soft mist inhalers as preferred devices in the absence of a specific clinical or dexterity reason requiring a pressurised metered dose or breath actuated inhaler. This guidance also addresses opportunities for recycling or recovery of spent inhalers.

4.8 Guidance on the management of psoriasis was reviewed with input from local dermatology consultants. The updated Devon-wide guidance provides clear guidance on a stepwise approach to managing a range of presentations of psoriasis in primary care, including when to review and when to refer. Product entries were updated to provide greater detail and clarity.

4.9 Wound management chapters were reviewed, restructured and reformatted with tissue viability specialists from the North & East Devon and South & West Devon Wound Management Committees. The updated chapters consolidated information to present streamlined guidance with improved cross-referencing. Much of the guidance is consistent across Devon, although some differences between the two areas remain due to differences in specialist opinion.

4.10 Vaccines chapters were reviewed Devon-wide to consolidate and align information between areas, resulting in streamlined guidance with greater clarity, improved cross-referencing and additional hyperlinks to external sources.

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.

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 made by CPC being approved by the CCG the FIGs consult with appropriate clinicians. Discussions include the position of the drug within the locally recommended treatment pathway. In year the FIGs agreed formulary entries for the following treatments which the CPC had recommended for commissioning:

- Semaglutide (Ozempic®) for type 2 diabetes mellitus
- FreeStyle Libre for interstitial glucose monitoring in diabetes
- Glycopyrronium bromide oral solution for the symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with chronic neurological disorders
- Continuous Glucose Monitoring for patients with type 1 diabetes mellitus in line with specific criteria
- Loteprednol for the treatment of steroid responsive inflammatory eye conditions

6.3 In the case of CPC recommending that a drug is not recommended for routine commissioning the recommendation is added to the formulary. In year there were no such recommendations.

6.4 On occasion the CCG decides to rescind a policy due to it being superseded by mandatory NICE Technology appraisals. In year no drug policies were rescinded.

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 growth in the use of the e-FIG process over the previous year, with 30 items considered and progressed via e-FIG in 2019/20, compared with 18 in 2018/19; some examples are briefly noted here.

7.4 Proposals for formulary inclusion of Kliniderm® superabsorbent dressings, Draina S Wound Pouch® and Cilique® tablets were considered and accepted via N&E Devon e-FIG; and a

proposal for inclusion of Dermis Plus Prevent Pads® was considered and accepted via S&W Devon e-FIG. Also considered via this route were several minor revisions to entries (e.g. GlucoRx Carepoint Ultra pen needles, NSAIDs, and nifedipine), and some of the issues identified in section 8.3 (below). For these relatively straight forward decisions, the virtual process allowed face to face time to be utilised for more complex discussions.

7.5 A proposal to include Kelhale® brand beclomethasone dipropionate metered dose inhalers (MDI) for the treatment of adults with asthma was considered and accepted via e-FIG in both areas. Kelhale® is therapeutically equivalent to an existing formulary product (Qvar® MDI) and the inhalers are the same size and shape, however Kelhale is available at significantly lower cost. A quick decision was requested in order to support Medicines Optimisation teams achieving significant financial savings.

8. NHS England guidance on primary care prescribing

8.1 On 27th June 2019, following public consultation NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) published updated guidance for CCGs on items which should not be routinely prescribed in primary care. This guidance builds on an earlier version that was issued to CCGs in November 2017, and had been primarily considered and accepted by the Devon FIGs during 2018 (recommendations regarding liothyronine were considered via a separate piece of work undertaken by the MO Team on behalf of the Devon Sustainability and Transformation Partnership).

8.2 The updated (2019) guidance included 7 further treatments that NHSE and NHSCC recommend should not be routinely prescribed in primary care; and updated the previous recommendations on rubefacients.

8.3 Each of the following recommendations was considered by the Devon FIGs during the period of this report. Some of the treatments concerned were not included in the Devon formulary and in some cases the formulary already reflected the national recommendations. For some of the treatments it was agreed that additional information be added to the existing entry and for others a new entry was developed.

- Aliskiren – This was listed as an amber (specialist) medicine in the Devon formulary. It was noted that aliskiren is not commonly used and the NHSE/NHSCC recommendations were accepted. Aliskiren was removed from the formulary, however notes remained regarding the NHSE/NHSCC guidance, the safe use of aliskiren, and that patients who are currently prescribed aliskiren in primary care should not have their prescriptions stopped without a review by a specialist.

- Amiodarone – This was listed as an amber (specialist) medicine in the Devon formulary. The NHS England guidance indicates that amiodarone must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed, or is in line with NICE Guidance CG180. It was noted that new Devon-wide “shared-care” type Specialised Medicines Services (SMS) guidelines for amiodarone have been prioritised for development, however this was likely to be a complicated process, involving consultants from different specialties. The FIGs agreed that no changes to the formulary entry for amiodarone were required at this time.

- Bath and shower preparations for dry and pruritic skin conditions – Devon formulary guidance was already in line with these recommendations. No further action was necessary

- Dronedarone – This was included in the Devon formulary as a red (hospital only) drug for use in line with NICE TA197. No further action was necessary

- Minocycline for acne – Devon formulary guidance already did not recommend minocycline for the treatment of acne due to the lack of therapeutic advantage over tetracyclines and concerns over its safety. Formulary guidance notes were strengthened, and an additional standalone entry was added to the drug pages stating that minocycline is not recommended for use for the treatment of acne due to an increased risk of adverse effects and that prescribers should not initiate minocycline for acne for any new patient.

- Needles for pre-filled and reusable insulin pens – The FIGs accepted the NHSE/NHSCC recommendations that "prescribers in primary care should not initiate insulin pen needles that cost >£5 per 100 needles for any diabetes patient" and that insulin pen needles that cost >£5 per 100 needles should be deprescribed. The CCG Medicines Optimisation team recommended a low-cost alternative product (GlucoRx Carepoint needles), which was accepted for inclusion as green (first line) in the formulary; BD Viva and GlucoRx Finepoint pen needles were reclassified to blue (second line); Microdot Droplet and Omnican Fine needles were removed from the formulary.

- Rubefacients – The original NHSE/NHSCC recommendations were updated to formally exclude capsaicin cream. The FIGs had already decided to exclude capsaicin from these recommendations when the NHSE/NHSCC guidance was considered in 2018 (because of the inclusion of capsaicin cream in NICE guidelines on neuropathic pain and osteoarthritis). No further action was necessary.

- Silk garments – These were not listed in the Devon Formulary. An entry was added stating that silk garments are not recommended for use due to a lack of robust evidence of clinical effectiveness and that prescribers should not initiate silk garments for any new patient.

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 TA Guidance published since the last meeting
- Discontinued products removed

Medicines and Healthcare Products Agency (MHRA)

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.

In year the North and East FIG considered advice for 50 treatments included in the MHRA Drug Safety Updates published between December 2018 and February 2020. The South and West FIG considered advice for 37 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

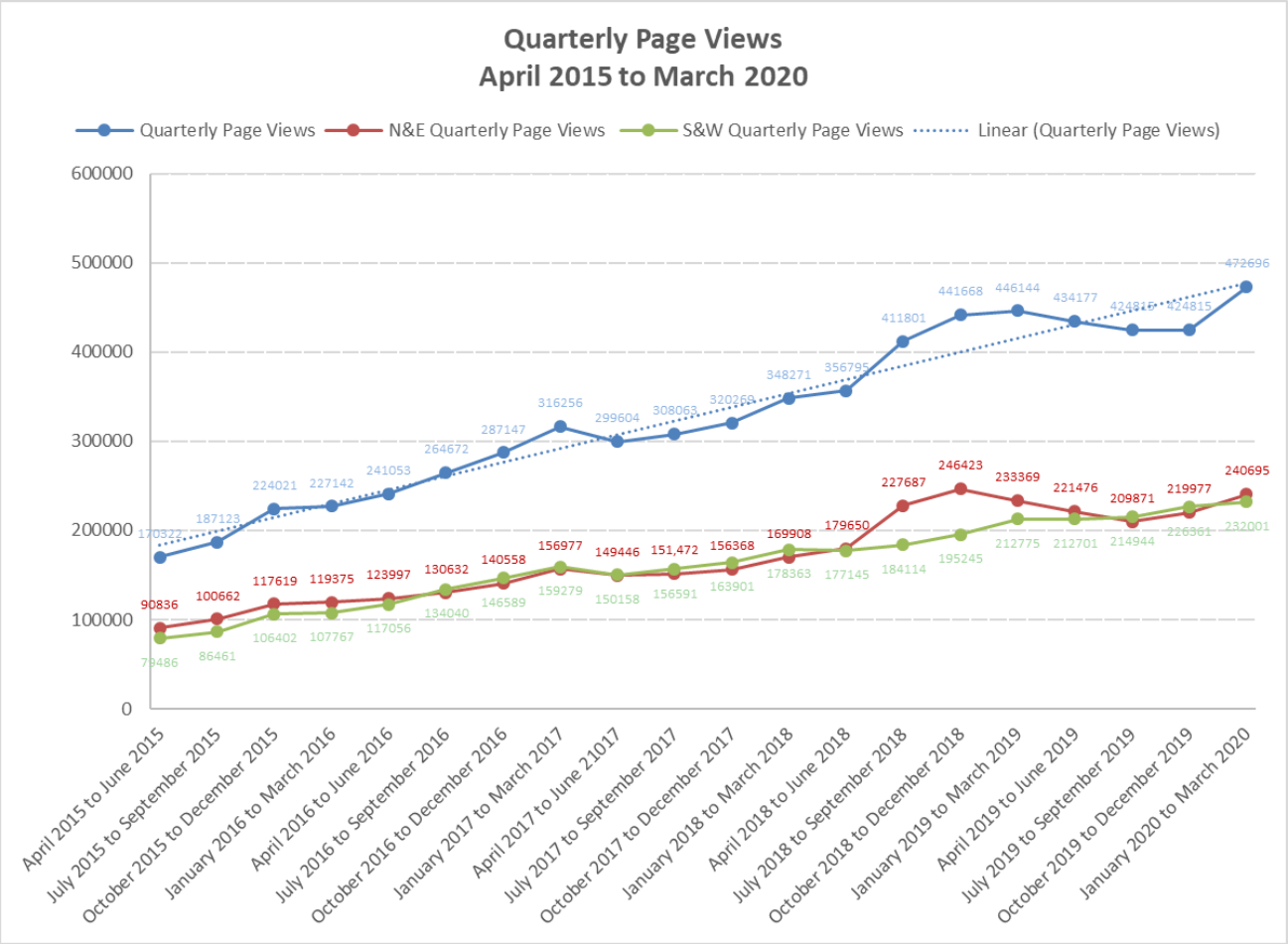
10.1 The Devon formulary has a bespoke website which is geographically tailored to reflect the decisions of the FIGs. It is available on a single App for both Android and Apple devices. As the formulary website is updated this is automatically translated onto the App with information specific to the relevant FIG area.

10.2 In year the Devon Formulary website has shown an increase in use of over 7% compared to the previous year. Between 1 April 2018 and 31 March 2019 the combined number of page views was 1,657,408 (769,279 for S&W Devon and 887,129 for N&E Devon). Between 1 April 2019 and 31 March 2020 the combined number of page views was 1,778,026 (886,007 S&W Devon and 892,019 for N&E Devon).

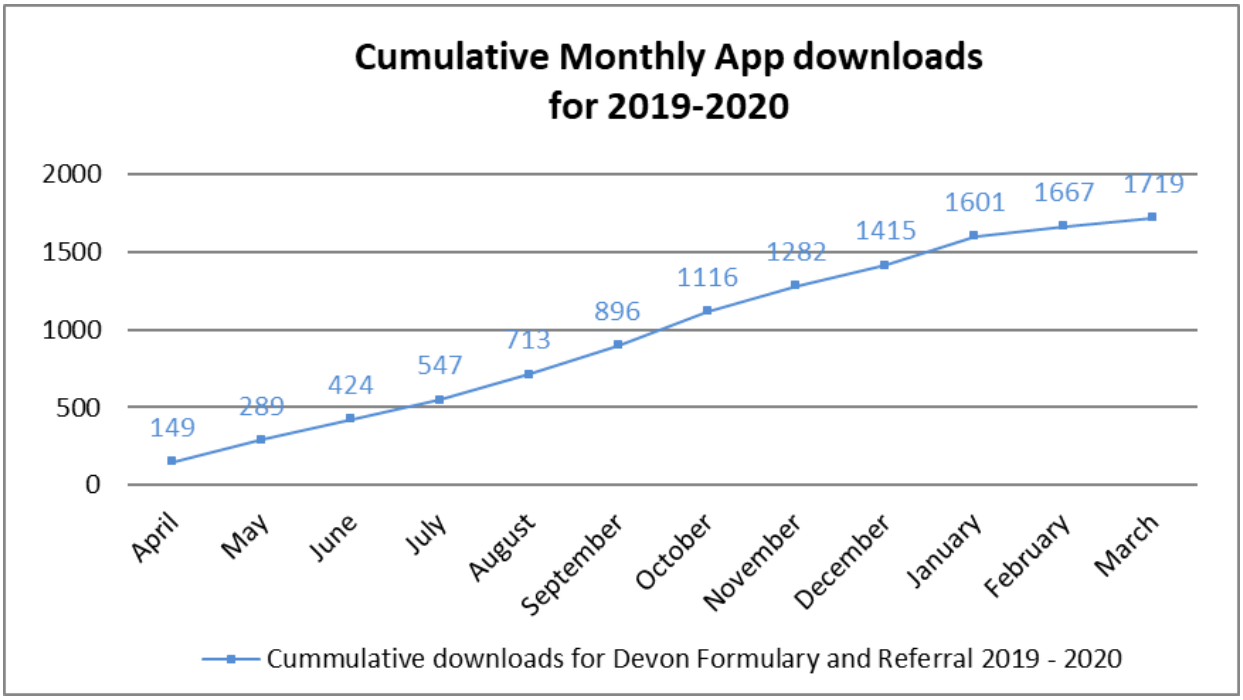
10.3 The total page views during the period 1 April 2019 to 31 March 2020 took place over 479,757 individual sessions. During each session an average of more than 3.5 pages were visited.

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 page is the most frequently viewed.

10.5 The graph below shows the number of page views on a quarterly basis between April 2015 and March 2019 for the Devon Formulary together with the data for the S&W and N&E geographical areas.



10.6 The graph below shows the cumulative monthly app downloads for the Devon Formulary and Referral website between April 2019 and March 2020. During this time the app was downloaded over 1,700 times. Since the launch the app has been downloaded over 8,970 times.



11. Website and app technical development

11.1 In the previous financial year, the formulary team had worked with an external partner, Reactor15, to deliver technical developments and improved functionality to the website and app. The majority of these improvements were delivered in the previous financial year, however work to enable refining search results by “formulary” or “referral” pages was completed in 2019/20.

12. Costs

12.1 The clinical effectiveness team continue to seek best value in the running costs of the formulary. The costs for the FIG meetings held in the last year are show below, including VAT.

North and East FIG	Date	Price	Notes
Old Heathcoat School	11/04/2019	£20.00	
Old Heathcoat School	13/06/2019	£20.00	
Old Heathcoat School	05/09/2019	£20.00	
Old Heathcoat School	07/11/2019	£20.00	
Old Heathcoat School	23/01/2020	£20.00	
Old Heathcoat School	19/03/2020	£0.00	NB: This meeting was cancelled due to the COVID-19 outbreak. No invoice has been received to date.

South and West FIG	Date	Price	Notes
The Watermark	08/05/2019	£84.00	
Future Inn Plymouth	10/07/2019	£125.00	NB: Change of venue
The Watermark	09/10/2019	£84.00	
The Watermark	11/12/2019	£84.00	
The Watermark	12/02/2020	£84.00	

13. Communication

Formulary Updates

13.1 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. Previously updates were circulated to GPs via the NEW Devon CCG CEMO newsletter. Since July 2019, these updates have been published in the GP bulletin. 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

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

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

14. Reflective Practice

14.1 Following completion of the work with Reactor 15 to deliver 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 has been put on hold due to the Covid-19 pandemic.

15. Conclusion

15.1 This report covers the 12 months since the merger of the CCGs in Devon.

15.2 The ToRs of each group have been refreshed to take account of the merger of the CCGs and the formal membership of each group updated to reflect membership at April 2019.

15.3 The S&W Devon FIG and the N&E Devon FIG are asked to approve the annual report for 2019-2020 as a record of the activity and the governance arrangements underpinning the groups.

15.4 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 and clinical referral guidelines in one place permitting easy cross referencing of information and advice.

Appendix 1

NHS
Devon
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.

August 2019

NHS
Devon
Clinical Commissioning Group

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

Appendix 3

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		
Tomazos Kallis	Community Pharmacist	0 of 5
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	1 of 5
NHS Kernow CCG		
Heidi Campbell	Pharmacist	3 of 4
Josh Hamilton	GP	0 of 5
Marco Motta	Pharmacist	1/1
Livewell Southwest		
Nicola Joyce	Pharmacist	0 of 1
Amy Rice	Advanced Clinical Pharmacist	1 of 5
NHS Devon CCG		
Andrew Craig	GP	3 of 5
Emma Gitsham	Joint Formularies Pharmacist	2 of 2
Matt Howard	Clinical Evidence Manager	5 of 5
Hilary Pearce	Clinical Effectiveness Pharmacist	2 of 2
Tony Perkins Sarah Marner (as representative)	Senior MO Pharmacist Interface MO Pharmacist	3 of 4 1 of 1
Graham Simpole	Joint Formularies Support Pharmacist	2 of 2
Darren Wright	Joint Formularies Technician	5 of 5

Phil Melluish	GP	4 of 5
Bill Nolan	GP	3 of 5
Iain Roberts Demelsa Grimes (as representative)	Lead MO Pharmacist MO Pharmacist	0 of 2 1 of 1
University Hospitals Plymouth NHS Trust		
Trudy Bown	Chief Pharmacy Procurement IT Manager	1 of 5
Peter Rowe	Consultant Nephrologist	3 of 5
Torbay and South Devon NHS Foundation Trust		
Andrew Gunatilleke	South and West Devon FIG (Group Chair until September 2018) Secondary care consultant	3 of 5
Paul Foster	Chief Pharmacist	0 of 5

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation
8th May 2019		
Heidi Campbell	Pharmacist	NHS Kernow CCG
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Marco Motta	Pharmacist	NHS Kenow CCG
10th July 2019		
Theresa Mitchell	Tissue Viability CNS	Livewell Southwest
Sara Stylianou	Lower Limb Therapy Service Lead	Torbay and South Devon NHS Foundation Trust
9th October 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

11th December 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

12th February 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

North and East Devon FIG meeting attendance
Members and Co-opted members

Members	Role	Meetings attended/possible
Devon Partnership NHS Trust		
Christopher Sullivan	Pharmacist	1 of 6
Northern Devon Healthcare NHS Trust		
Matt Kaye	Chief Pharmacist	4 of 6
Carole Knight	Formulary Pharmacist	6 of 6
Stuart Kyle	Secondary Care Consultant	0 of 2
NHS Devon CCG		
Glen Allaway	GP	5 of 6
Beverley Baker	Non-Medical Prescribing Lead	3 of 6
Iain Carr	MO Pharmacist	2 of 4
Emma Gitsham	Joint Formularies Pharmacist	2 of 3
Andrew Harrison	GP	3 of 6
Matt Howard	Clinical Evidence Manager	5 of 6
Simon Kay	GP	4 of 6
Denise Lanyon	MO Pharmacist	3 of 3

Jess Parker	GP	4 of 6
Hilary Pearce	Clinical Effectiveness Pharmacist	3 of 3
Graham Simpole	Joint Formularies Support Pharmacist (3 meetings) MO Pharmacist (1 meeting)	4 of 4
Chris Sullivan	Pharmacist	1 of 6
Darren Wright	Joint Formularies Technician	6 of 6

Royal Devon and Exeter NHS Foundation Trust		
Tawfique Daneshmend	Northern and Eastern Devon FIG Chair Secondary care consultant	3 of 6
Susie Harris	Consultant, Elderly Care	3 of 6
James Leavy	Medicines Information Support Pharmacist Formulary Pharmacist	3 of 4
Bethan Rogers	Medicines Information Support Pharmacist Formulary Pharmacist	1 of 1
Grant Smith	Specialist Pharmacist, High Cross Drugs	0 of 3

Additional Attendees (Experts, Guests, Secretariat, Observers)

Name of attendee	Role	Organisation

11th April 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Susie Earl	Consultant Rheumatologist and Clinical Lead	RD&E
Rebecca Perkins	Senior MO Pharmacist	NHS Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NHS Devon CCG

13th June 2019		
Rachel Ali	GP	Devon LMC
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

5th September 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon CCG

7th November 2019		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG

23rd January 2020		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NHS Devon CCG
Tom Baddick	Pre-Registration Pharmacist	NDHC NHS Trust
James Benzimra	Consultant Ophthalmologist Surgeon	RD&E
Ellis Dudley	Medicines Optimisation Pharmacist	NHS Devon CCG
Maria Glover	Pre-Registration Pharmacist	NDHC NHS Trust

19th March 2020		
Ann Ashworth	Specialist Medicines Optimisation Support Dietitian	NHS Devon CCG
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon CCG
Leon Gibbins	Pre-Registration Pharmacist	NDHC NHS Trust
Paul Humphriss	MO Pharmacist	NHS Devon CCG
Alison Round	GP	NHS Devon CCG

Declarations of Interest Register (April 2019 – March 2020)

South and Western Devon FIG			
Declaration of interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Tony Perkins	Medicines Optimisation Pharmacist	8th May 2019	No new DoI to declare. • I have within the last 12 months given a talk for GSK on pharmacists and asthma (I was not paid to do so) • GSK have within the last 12 months supported a CCG training event (pharmacy, inhaler meeting) – supported venue costs. No payment to CCG / me.
Tony Perkins	Medicines Optimisation Pharmacist	10th July 2019	NICE COPD update committee member 2016-2019
Tony Perkins	Medicines Optimisations Pharmacist	11th December 2019	As previously declared was part of 2019 NICE COPD committee – group no longer meeting as guidance published.
Larissa Sullivan	Interface Pharmacist	12th February 2020	Spouse is a pharmacist at DPT (professional interest in decision on SMS for first line antipsychotics)

Northern and Eastern Devon FIG			
Declaration of Interest made by committee members			
Name of attendee	Role	Meeting Date	Declared Interest
Rebecca Perkins	Senor MO Pharmacist	13th June 2019	• Offered to attend European Resp Conference – declined. • Husband member of NICE COPD guidance committee and member of Western MO CCG team with resp specialist interest.
Additional Declaration of Interest (Experts, Guests and Secretariat)			
Ann Ashworth	Specialist Medicines Optimisation Support Dietitian	19th March 2020	Non-financial professional interests; 1. I am a Committee member of the British Association for Parenteral and Enteral Nutrition (BAPEN) Malnutrition Action Group. 2. I am a Committee member of the British Dietetic Association Prescribing Support Dietitians Group (to be re-named Optimal Nutrition Prescribing Group from 1/5/2020).

Mandatory NICE Technology Appraisals and Highly Specialised Technology Guidance added to the local formularies from 1 April 2019 to 31 March 2020 in line with the CCG's statutory responsibilities

April 2019

- TA555 Regorafenib for previously treated advanced hepatocellular carcinoma
- TA556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease
- TA557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer
- TA558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease
- TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

May 2019

- TA561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia
- TA562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma
- TA563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA565 Benralizumab for treating severe eosinophilic asthma
- TA566 Cochlear implants for children and adults with severe to profound deafness (part review of TA166)
- TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies
- TA569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer
- TA571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib

June 2019

- TA572 Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes

July 2019

- TA573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
- TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis
- TA575 Tildrakizumab for treating moderate to severe plaque psoriasis
- TA577 Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma
- TA578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation
- TA579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy

August 2019

- HST9 Inotersen for treating hereditary transthyretin amyloidosis
- TA580 Enzalutamide for hormone-relapsed non-metastatic prostate cancer
- TA581 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma
- TA583 Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes
- TA584 Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer
- TA585 Ocrelizumab for treating primary progressive multiple sclerosis

September 2019

- TA171 Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies (update)
- TA322 Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (updated)
- TA587 Lenalidomide plus dexamethasone for previously untreated multiple myeloma
- TA586 Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib
- TA596 Risankizumab for treating moderate to severe plaque psoriasis

October 2019

- TA588 Nusinersen for treating spinal muscular atrophy
- TA589 Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
- TA590 Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uvetitis
- TA591 Letermovir for preventing cytomegalovirus disease after a stem cell transplant
- TA592 Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma
- TA593 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer
- TA595 Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer
- HST10 Patisiran for treating hereditary transthyretin amyloidosis

November 2019

- TA565 Benralizumab for treating severe eosinophilic asthma (update)
- TA597 Dapagliflozin with insulin for treating type 1 diabetes
- TA598 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy
- TA599 Sodium zirconium cyclosilicate for treating hyperkalaemia
- TA600 Pembrolizuman with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer

December 2019

- TA604 Idelalisib for treating refractory follicular lymphoma
- TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea
- TA606 Lanadelumab for preventing recurrent attacks of hereditary angioedema
- TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease
- HST11 Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations

January 2020

- TA610 Pentosan polysulfate sodium for treating bladder pain
- TA611 Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer syndrome
- TA612 Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab
- TA613 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy

February 2020

- HST12 Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2
- TA614 Cannabidiol with clobazam for treating seizures associated with Dravet syndrome
- TA615 Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome
- TA616 Cladribine for treating relapsing-remitting multiple sclerosis (including removal of TA493 which this replaces)

March 2020

- TA617 Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
- TA619 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer
- TA620 Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer
- TA621 Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer