Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Devon Formularies Interface Groups

Annual Report

2015 - 2016

North and East Devon Formulary Interface Group

South and West Devon Formulary Interface Group

Annual Report April 2015 – March 2016

1. Introduction

This report aims to highlight the headlines of the work undertaken by the two Formulary Interface Groups for April 2015 – March 2016.

The aim of the Devon Formularies is to promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care, providing guidance on locally recommended drug choices.

In compiling the formularies consideration is given to aspects of safety, appropriateness and cost effectiveness. There will be instances where prescribing outside of the formularies will be both necessary and appropriate. The formularies are not restrictive lists but recommendations drawn up after widespread consultation amongst prescribers locally and the NHS trusts involved.

The formularies are delivered through the Formulary Interface groups (FIGs) which reflect natural healthcare communities clustered around the major hospitals in Devon.

After the successful merger into two formularies from the four which had served the Devon health communities prior to the NHS restructure bought about by the Health and Social Care act 2012, the Devon Formularies have continued to develop, working within a common framework. This has provided equitable commissioning of new drug interventions across Devon and further worked to reduce historical variations.

Operationally both of the Devon Formularies are managed and co-ordinated by one team of Pharmacists and a Pharmacy Technician within the Clinical Effectiveness Team of NEW Devon CCG.

The North & East Devon Formulary is produced in collaboration with:

- NEW Devon CCG
- Northern Devon Healthcare Trust
- Royal Devon and Exeter NHS Foundation Trust.

The South & West Devon Formulary is produced in collaboration with:

- NEW Devon CCG
- South Devon and Torbay CCG
- Plymouth Hospitals NHS Trust
- Plymouth Community Health
- South Devon Healthcare NHS Foundation Trust
- Torbay and Southern Devon Health and Care.

The Devon Formularies have endeavoured to keep pace with the changes and challenges within the NHS. The Formularies have continued to keep their focus on the provision of information to support safe and cost-effective health care and have incorporated appropriate guidance within the Formulary to achieve these aims.

The Devon Formularies are constantly reviewed and updated. The wide consultation process which we operate represents a considerable investment in staff resource but results in Formularies which are widely used and contributes to the best and most cost-effective healthcare for patients in the communities we serve.

Both the North & East and the South & West Devon Formularies incorporate on the website the Clinical Referral Guidelines produced for NEW Devon Clinical Commissioning Group by the Devon Referral Support Service. The addition of these guidelines brings together in one place two essential

information resources permitting easily cross referencing of information and advice making the Formularies websites a valuable resource for prescribers and those making referrals as they care for their patients.

2. Formulary Interface Groups membership for 2015 – 2016

Each of the Devon Formularies has a Formulary Interface Group (FIG), consisting of representatives from both primary and secondary care. Each of these groups meets six times in 12 months, on alternate months.

The membership through this year was as follows:

Table 1: North & East Devon FIG members and meeting attendance

Chair	Dr Tawfique Daneshmend	
	Member	**Meetings attended**
Consultant, NDDH	Dr Stuart Kyle	4 of 6
Consultant, RD&E NHS Foundation Trust	Dr Tawfique Daneshmend	6 of 6
	Dr Susie Harris	2 of 6
GP, NEW Devon CCG	Dr Andrew Harrison	5 of 6
	Dr Simon Kay	5 of 6
	Dr Ben Waterfall	4 of 6
	Dr Darunee Whiting	3 of 6
Pharmacy, NDHT	Mr Niall Ferguson	0 of 2
	Mr Matt Kaye	5 of 5
	Mrs Carole Knight	5 of 6
Pharmacy, RD&E NHS Foundation Trust	Mrs Tracey Foss	1 of 4
	Mrs Alison Hodgetts	4 of 4
	Ms Bethan Rogers	2 of 2
MO Pharmacist from NEW Devon CCG	Ms Carol Albury	5 of 6
	Mr Iain Carr	5 of 6
	Mr Carl Peacock	3 of 4
	Ms Denise Lanyon	2 of 2
	Ms Sam Smith	4 of 6
Nurse/ Non-medical prescriber, NEW Devon CCG	Mrs Beverley Baker	1 of 6
Pharmacist, Devon Partnership Trust	Ms Amanda Gulbranson	1 of 5
	Mr Christopher Sullivan	0 of 1
Pharmacist, Dorset Healthcare for HM Prisons	Mr Peter Cope	0 of 6
Clinical Evidence Manager, NEW Devon CCG	Mr Matt Howard	5 of 6
Formularies Pharmacist, NEW Devon CCG	Ms Petrina Trueman	4 of 4
	Mrs Emma Gitsham	2 of 2
Formularies Technician, NEW Devon CCG	Mrs Carol Webb	6 of 6

Changes in membership over the year:

- Ms Petrina Trueman has been replaced as Formulary Pharmacist by Mrs Emma Gitsham
- Devon Partnership Trust is being represented by Mr Chris Sullivan during Ms Amanda Gulbranson's absence
- Mr Niall Ferguson, Director of Pharmacy at Northern Devon Healthcare Trust was replaced in post by Mr Matt Kaye who has taken his position on the FIG
- Mr Carl Peacock, Medicines Optimisation Pharmacist was replaced on the group by Ms Denise Lanyon
- Representation for RD&E Pharmacy department is now made by Ms Bethan Rogers
- Dr Ben Waterfall, GP has resigned from the FIG as from March 2016 due to pressures in regard to cover for the sessions away from his practice

Table 2: South & West Devon FIG members

Chair	Dr Andrew Gunatilleke	
	Member	**Meetings attended**
GP, NEW Devon CCG	Dr Andy Craig	4 of 6
GP, NEW Devon CCG	(vacant)	
GP, South Devon & Torbay CCG	Dr Philip Melluish	5 of 6
	Dr William Nolan	6 of 6
Consultant, Torbay and South Devon NHS Trust	Dr Andrew Gunatilleke	5 of 6
Consultant, Plymouth Hospitals NHS Trust	Dr Jamie Fulton	0 of 6
	Dr Wayne Thomas	0 of 6
Pharmacy, Torbay and South Devon NHS Trust	Mrs Elena Mercer	6 of 6
Pharmacy, Plymouth Hospitals NHS Trust	Mr Jeremy Morris	6 of 6
MO Pharmacist, NEW Devon CCG	Mr Paul Manson/ Brian McCabe	6 of 6
	Mrs Sarah Marner	1 of 6
	Mrs Larissa Sullivan	5 of 6
MO Pharmacist, South Devon & Torbay CCG	Mr Iain Roberts	6 of 6
Pharmacist, Plymouth Community Healthcare	Mr Steve Cooke	3 of 6
Pharmacist, Devon Partnership Trust	Ms Amanda Gulbranson	2 of 4
	Mr Christopher Sullivan	0 of 2
Pharmacist, Kernow CCG	Mr Paul Hughes	0 of 2
	Mrs Rebecca Perkins	4 of 4
Nurse/ Non-medical prescriber representative	Ms Phillipa Hawkins	1 of 6
Lay member	Mrs Margaret Hinchliffe	5 of 6
Pharmacist, Torbay and South Devon NHS Trust	Ms Lynda Price	0 of 3
Community Pharmacist	Mr Mark Stone	3 of 6
Clinical Evidence Manager, NEW Devon CCG	Mr Matt Howard	6 of 6
Formularies Pharmacist, NEW Devon CCG	Ms Petrina Trueman	4 of 4
	Mrs Emma Gitsham	2 of 2
Formularies Technician, NEW Devon CCG	Mrs Carol Webb	6 of 6

Changes in membership over the year:

- Ms Petrina Trueman has been replaced as Formulary Pharmacist by Mrs Emma Gitsham
- Devon Partnership Trust is being represented by Mr Chris Sullivan during Ms Amanda Gulbranson's absence
- Mr Brian McCabe has come to the group on behalf of Mr Paul Manson on one occasion
- Dr David Gwynne resigned his position on the FIG at the start of the year; this position has yet to be filled
- Mr Paul Hughes, Medicines Optimisation Pharmacist with Kernow CCG has been replaced in the group Mrs Rebecca Perkins
- Ms Lynda Price resigned her position on the FIG during the year; this position has yet to be filled

Declarations of interest

At each of the FIG meetings the members and visitors are required to complete a declaration of any interest they may have in regard to the drugs being discussed at that meeting. Any declared interest is listed below:

North and East Devon Formulary:

- Each meeting: Matt Howard: in a previous post, attendance at CPD events where refreshments/ hospitality may have been provided by pharmaceutical companies
- August: Tony Perkins
    - Attended a Teva advisory board - funded (as declared on NEW Devon CCG corporate declarations of interest register)
    - Teva inhaler technique training
- December: Carol Albury
    - Carol Albury: GSK shares held in Australian superannuation fund (in process of being sold)

South and West Devon Formulary:

- Each meeting: Matt Howard: in a previous post, attendance at CPD events where refreshments/ hospitality may have been provided by pharmaceutical companies
- May: Iain Roberts, aware of potential for a rebate for a calcium & vitamin D competitor
- July:
    - Dr Lee Dobson
        - Sponsors of lunch at departmental meetings by Astra Zeneca, Pfizer, Novartis and Glaxo Smith Kline
        - Lecture fees from Glaxo Smith Kline
    - Iain Roberts: aware of a potential rebate with competitor
- September: Iain Roberts declared an interest for South Devon & Torbay CCG who have a working agreement with Teva

3. Addition to the FIG decision making process

A bi-monthly virtual eFIG process has been introduced to be run in the months when there is no scheduled face to face FIG meeting. Bi-monthly face to face FIG meetings, although essential and proportionate for the majority of clinical discussions, may inadvertently affect the speed with which potential efficiency measures can be adopted. The eFIG should allow for the same

consideration to be given to papers as would occur at a face to face meeting whilst allowing decisions to be made in a timely manner.

To ensure robust assessment of potential cost saving or additional preferred brands, for currently included formulary drugs, a standardised assessment process and reporting template was developed. This ensured that issues relevant to brand name drug prescribing such as bioavailability, supply continuity, any differences in licensing etc. are systematically considered

4. Developing the formularies

The following sections have been developed and included into the Devon Formularies for the first time in 2015 – 2016:

Both formularies

Due to the recent availability of biological (biosimilar) medicines and the inclusion of some of these into the formulary, a section explaining what they are was written and included in both formularies.

North and East Devon Formulary

- **Chapter 16: Palliative Care** was included into this formulary in April 2015. This brings together prescribing guidance from both the Eastern and Northern palliative care services.
- Additional guidance on prescribing phytomenadione to patients taking warfarin was added to the formulary in April.

South and West Devon Formulary

- **Stoma accessory formulary** had been developed by Plymouth Hospitals NHS Trust together with the Stoma Care services in Torbay and South Devon NHS Trust. This has been included into the formulary

5. Reviewing the formularies

During the merger process the content of both of the Devon Formularies was checked as this was done. The process of ongoing review of the different chapters of the formularies, which has commenced this year, has used the publication of new national guidelines such as NICE or Public Health England as the prompt to review particular sections. Commissioning decisions may also prompt section reviews (see section 7).

The issuing of new or revised national guidance, such as NICE or Public Health England is one of the tools used to prompt a review.

The following sections of both formularies have been reviewed during this year:

- **Chapter 5: Infections;**
    - Public Health England revised the primary care antimicrobial guidance, therefore this chapter was reviewed in both formularies at the end of 2013 – 2014 and concluded in 2015 – 2016
- **Chapter 7: Obstetrics, gynaecology, contraception, and urinary-tract disorders;**
    - This chapter of the formulary was prompted for review by the changes to national contraception guidance and applications for new products
    - sections 7.1 to 7.3, covering contraception, has been reviewed in May/ June
    - sections 7.4, covering urinary tract disorders, has been reviewed in August / September

- Chapter 3: Respiratory:
    - Applications were received and considered for several inhaler preparations. This prompted a review of this chapter of the formularies
    - sections 3.1 – 3.3 which covers both asthma and chronic obstructive respiratory disease has been reviewed in August/ September
    - the remainder of the chapter, sections 3.4 – 3.11 has also been reviewed
- Chapter 8: Malignant disease: this chapter was sent to the Cancer Services Pharmacists in the four Hospital Trusts for comment and review. The Cancer Drugs Fund listed products were checked and any amendments made.
- Chapter 14: Immunisation and vaccines was expanded to include links to the relevant sections of the Green Book. The section on travel advice was reviewed in the South and West Devon Formulary and included as new into the North and East Devon Formulary
- Lipid guidance: following the NICE Clinical Guideline 181 the guidance in both of the formularies has been reviewed.
- Acetylcholinesterase inhibitor, provision of annual review: For both formularies the guidance was amended to remove the requirement for specialist services to conduct an annual review on patients taking acetylcholinesterase inhibitors. The discussion took place at the North and East FIG, with comment and representation from the South and West group members and representation from the specialist services
- Novel Oral Anticoagulants (NOACs) for Deep Vein Thrombosis (DVT): Due to the publication of NICE TAs in April and August for apixaban and edoxoban, and also the updating of local DVT pathways, the formulary guidance was updated accordingly

The following sections of the North and East Devon Formulary have been reviewed during this year:

- Stoma Accessory Formulary: This section was reviewed and is now included as part of the formulary. It previously sat as a separate document.

The following sections of the South and West Devon Formulary have been reviewed during this year:

- Chapter 9: Nutrition, sections of this chapter had been reviewed and updated, Adult Malnutrition Guidance and the oral Nutrition Supplements. A new section had been added giving advice on Infant Nutrition.

MHRA Drug Safety Updates

The MHRA issues a monthly Drug Safety Update (DSU). These are considered at each of the FIGs and any appropriate information is included in the formularies and current information is reviewed.

Information from DSU during this period that has been included is as follows:

April DSU:

- Information on hydroxyzine maximum recommended dose and to avoid prescribing it to people with, or have risk factors for, QT interval prolongation

June DSU:

- Advice to test for raised ketones in patients taking an SGLT2 inhibitor (canagliflozin, dapagliflozin or empagliflozin)
- Advice on the small increase in cardiovascular risk for patients taking high-dose ibuprofen
- Updated information on the risk of uterine perforation with intrauterine contraception

July DSU:

- The advice on minimising the risk of osteonecrosis of the jaw for patients on denosumab or intravenous bisphosphonates has been reviewed

October DSU:

- The information about mirabegron and the severe risk of hypertension and associated cerebrovascular and cardiac events

December DSU:

- A link to the information on the revised pregnancy advice for patients taking mycophenolate

January DSU:

- Nicorandil, risk of ulcer complications
- Brand prescribing for levonorgestrel-releasing IUS, current notes reviewed

February DSU:

- Spironolactone, reminder of the risk of hyperkalaemia associated with spironolactone use

6. NICE Guidance

The Devon Formularies support the timely and planned implementation of NICE Technology Appraisals (TAs). This demonstrates compliance with statuary requirements related to NICE and the NHS Constitution ensuring that those medicines recommended in a NICE TA are funded by the CCGs within 90 days of the publication of the TA. Where NICE TAs do not recommended a product this guidance is also included.

Following instruction from the CCG NICE Planning, Quality and Assurance Group the following NICE TAs and one Highly Specialised Technology Guidance (HST) have been added to the Devon Formularies:

April – guidance issued in January

- HST1 Eculizumab is recommended for treating atypical haemolytic uraemic syndrome (NHS England commissioned)

May – guidance issued in February

- TA329 Infliximab, adalimumab and golimumab are recommended for treating moderately to severely active ulcerative colitis after the failure of conventional therapy
- TA330 Sofosbuvir is recommended for treating chronic hepatitis C (NHS England commissioned)
- TA331 Simeprevir in combination with peginterferon alfa and ribavirin is recommended for treating genotypes 1 and 4 chronic hepatitis C (NHS England commissioned)
- TA332 Sipuleucel-T is not recommended for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer. This guidance and marketing authorisation was subsequently withdrawn, therefore removed.
- TA333 Axitinib is recommended for treating advanced renal cell carcinoma after failure of prior systemic treatment (NHS England commissioned)

June – guidance issued in March

- TA335 Rivaroxaban is recommended for preventing adverse outcomes after acute management of acute coronary syndrome
- TA336 Empagliflozin in combination therapy is recommended for treating type 2 diabetes
- TA337 Rifaximin is recommended for preventing episodes of overt hepatic encephalopathy

- TA338 Pomalidomide is not recommended for relapsed and refractory multiple myeloma previously treated with lenalidomide and bortezomib (NHS England commissioned)

August – guidance issued in April

- TA343 Obinutuzumab in combination with chlorambucil is recommended for untreated chronic lymphocytic leukaemia (NHS England commissioned)
- TA344 Ofatumumab in combination with chlorambucil or bendamustine is recommended for untreated chronic lymphocytic leukaemia (NHS England commissioned)
- TA340 Ustekinumab is recommended for treating active psoriatic arthritis
- TA341 Apixaban is recommended for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism
- TA342 Vedolizumab is recommended for treating moderately to severely active ulcerative colitis
- TA339 Omalizumab is recommended for previously treated chronic spontaneous urticaria (NHS England commissioned)

September – guidance issued in July

- TA345 Naloxegol is recommended for treating opioid induced constipation
- TA346 Aflibercept is recommended for treating diabetic macular oedema
- TA347 Nintedanib is recommended for previously treated locally advanced, metastatic, or locally recurrent non-small cell lung cancer (NHS England commissioned)
- TA348 Everolimus is not recommended for preventing organ rejection in liver transplantation (NHS England commissioned)
- TA349 Dexamethasone intravitreal implant is recommended for treating diabetic macular oedema
- TA350 Secukinumab is recommended for treating moderate to severe plaque psoriasis

October – guidance issued in August

- TA352 Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy
- TA354 Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism

November – guidance issued in September 2015

- TA355 Edoxaban for preventing stroke and systemic embolism in people with non valvular atrial fibrillation

December – guidance issued in October

- TA357 Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab

January – guidance issued in October

- TA358 Tolvaptan for treating autosomal dominant polycystic kidney disease
- TA359 Idelalisib for treating chronic lymphocytic leukaemia
- TA360 Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer (not recommended)

February – guidance issued in November

- TA368 Apremilast for treating moderate to severe plaque psoriasis
- TA367 Vortioxetine for treating major depressive episodes

- TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab
- TA365 Ombitasvir-paritaprevir-ritonarvir with or without dasabuvir for treating chronic hepatitis C
- TA364 Daclatasvir for treating chronic hepatitis C
- TA363 Ledipasvir-sofosbuvir for treating chronic hepatitis C

March – guidance issued in January 2016

- TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy
- TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments
- TA379 Nintedanib for treating idiopathic pulmonary fibrosis
- TA378 Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy
- TA377 Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated
- TA376 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases
- TA375 Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed

7. Clinical Policy Committee

Commissioning decisions made by the Clinical Policy Committee (CPC) on drug treatments during 2015 – 2016 have been added into the formularies. After approval by the CPC and the publishing of the policies the FIG consults with the appropriate clinicians to position the drug entry within the formularies.

April decision

- Lixisenatide was added to both formularies in June/July for treatment of Type 2 Diabetes

July decision

- Botulinum toxin was commissioned for use in anal fissure, this indication was added to both formularies in October/November

September decision

- Relvar® Ellipta® (fluticasone/vilanterol) combination inhalers was added to both formularies in January for chronic obstructive pulmonary disease (COPD)

December decision

- Treclin® (clindamycin/tretinoin) was added to both formularies in March for the topical treatment of acne vulgaris
- Alogliptin was added to both formularies in March for the treatment of Type 2 Diabetes

8. Drug applications

Applications to consider new drugs for inclusion to the Devon Formularies are received and triaged either for consideration by the Clinical Policy Committee (CPC) or by the FIGs, according to the Terms of Reference of CPC.

New product applications

Applications were received for the inclusion of:

- Duaklir® Genuair® and also Ultibro® Breezhaler®. Both of these are combination inhalers of drugs already in both of the formularies. The South and West Devon FIG approved these for addition to the formulary. The North and East Devon FIG agreed not to add these to the formulary but to consider addition at a later date. In February the North and East Devon FIG reconsidered Ultibro® Breezhaler® and approved it for addition to the formulary.
- Alprostadil cream, other formulations are already in both of the formularies. Approved for inclusion in both formularies
- Dermatonics® Heel Balm, application for an additional, higher strength, urea cream. Approved for inclusion in the North and East Devon Formulary
- Cortiment® (budesonide) tablets, application was considered by the CPC, not recommended for routine commissioning in Devon
- Ulipristal (Esmya®), application for extended use to a new group of patients. To be considered by the CPC
- Renacet® (calcium acetate), application for an additional brand of a current preparation, but different strengths. Approved for inclusion in both formularies
- Linagliptin, application to add to the North and East Devon Formulary, this was approved for inclusion by the FIG. Linagliptin was already included in the South and West Devon Formulary
- Insulin degludec, application to be considered by the CPC
- Simbrinza® (Brinzolamide/brimonidine) eye drops, application was considered by the FIGs and approved
- Abasaglar®, a biosimilar of Insulin glargine, application was considered by the FIGs and approved
- Tadalafil 5mg, application for lower urinary tract symptoms in men, application was considered by CPC, not recommended for routine commissioning in Devon.
- Taptiqom® (tafluprost/timolol) eye drops, application was considered by the FIGs and approved for addition to the North and East Devon Formulary. The South and West Devon FIG agreed not to add this to the formulary.
- Dulaglutide, application to be considered by the CPC
- Ivermectin (Soolantra®) cream, application to be considered by the CPC
- Application to include wound management products, Polymem®, Kerra-pro® and compression garments was made to the South and West Devon Formulary. These were approved.
- Emerade® (adrenaline), application was considered by the FIGS and approved for addition to the South and West Devon Formulary. The North and East Devon FIG agreed not to add this to the formulary at this time
- Linaclotide (reapplication), to be considered by the CPC
- Sayana Press®, application considered at the South and West Devon FIG and approved. To be considered at the North and East Devon FIG
- BD Viva insulin pen needles, application considered at the South and West Devon FIG and approved. To be considered at the North and East Devon FIG

The FIGs approved the inclusion of a number of formulary preferred brands. These brands were identified by the Medicines Optimisation teams and underwent a standardised assessment of key criteria as part of the approval process, as described in section 2.

These changes are as follows:

- Methylphenidate mr: to add in Xenidate® XL as the preferred brand for Concerta® XL (18mg & 36mg, 54mg)
- Metformin MR: to include Sukkarto® MR as the preferred brand
- Venlafaxine mr: to include Vensir® XL & Venlablue® XL as the preferred brands
- Galantamine MR: to include Luventa® XL as the preferred brand
- Ropinirole MR: to include Eppinix® XL as the preferred brand
- Combination levodopa, carbidopa, entacapone: to remove Stalevo® and replace with Sastravi® as the preferred brand
- Diltiazem 60mg: to include Tildiem® 60mg as the preferred brand
- Combination salmeterol, fluticasone: to add in Sirdupla® as an alternative to Seretide®
- Mesalazine: to include Octasa® in addition to Asacol®
- Medi Derma S® products to replace Cavilon®
- Buprenorphine patch: to include Butec® as the preferred brand and remove BuTrans®

The FIGs also consider applications for the removal of products from the formularies. These have been identified by the Medicines Optimisation Team. Consideration is taken of the effect on patients and alternative formulary available products.

These removals are as follows:

- Dicycloverine, removal of the liquid due to the cost of the product

9. Website and App

Both of the Devon Formularies have a website which is geographically tailored to reflect the decisions of the FIGs. These sites are available on a single App which is available on both android and Apple® devices. As the formulary websites are updated; this is instantly translated onto the App, there is no delay or relying on users updating manually.

The Devon Formularies App was launched during March 2015 and since its development the App has been downloaded 2157 times to the different mobile devices

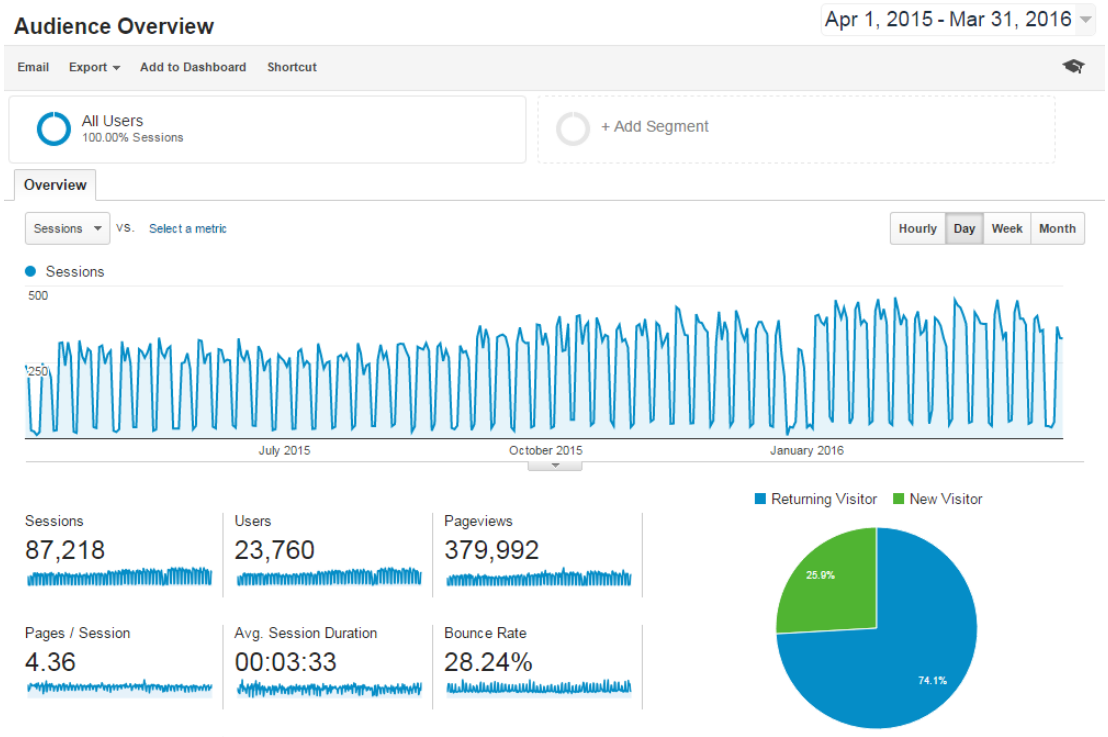
The innovative use of mobile technology led to the Devon Formulary and Referral website and app being shortlisted as finalists in the 2015 HSJ Awards.

The formulary websites both have significant and consistent use. Combined use of the sites during this year April 215 – March 2016 has recorded 808,291 page views, over a total of 193,282 sessions with each session of use viewing approximately 4 pages.

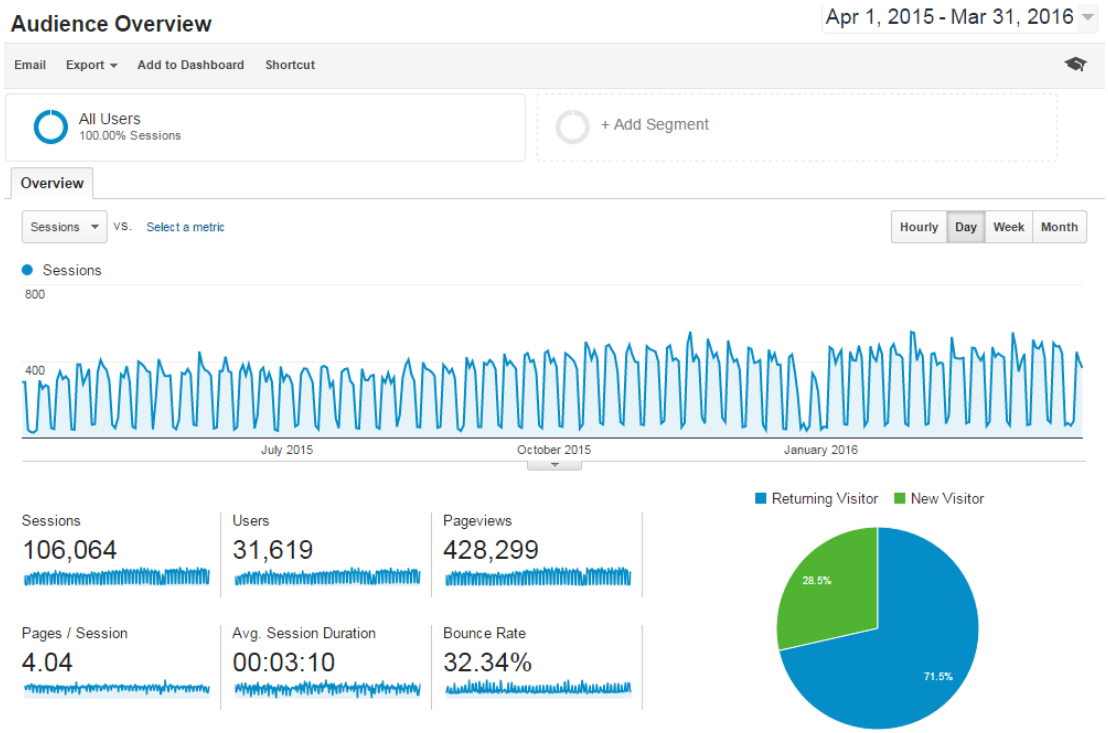
Consistently across both sites the pages with the most views are in the formulary side of the site and are Chapter 5: Infections.

From the referral side of the site the CCG commissioning policies and the 2 week wait pages are some of the most viewed.

1. South and West Devon Formulary and Referral analytics overview



2. North and East Devon Formulary and Referral analytics overview



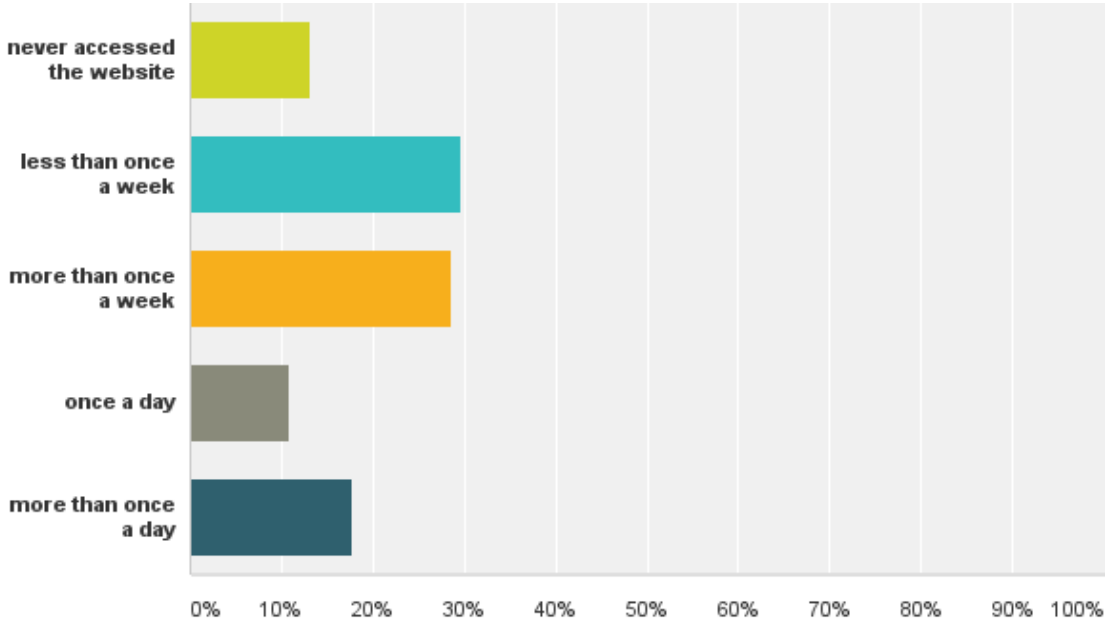
10. Survey of users

At the end of September 2015 to mid-January 2016 a survey was conducted of all potential users of the Formulary websites and app. 175 people have completed the survey, the results are detailed below.

The majority were primary care clinicians, 50% were GPs, 8% practice nurses and 5% community or district nurses.

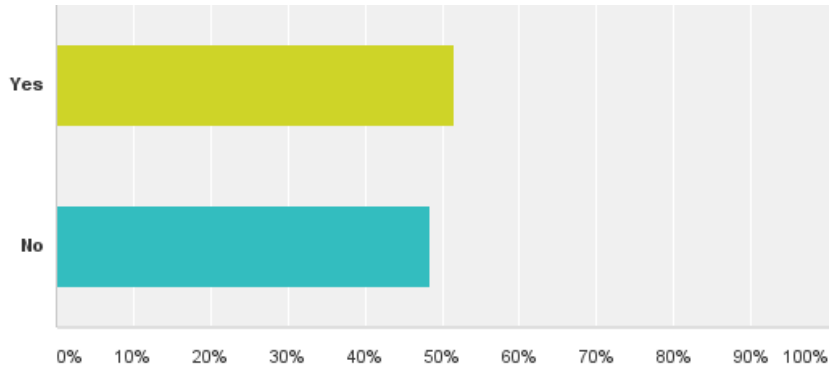
85% of respondents have used one of the websites

29% of those who access one of the websites do so daily or more than once a day and 29% more than once a week



Responses suggest that there are 3 broad categories of user frequency. Around one third use the formulary website as part of their daily practice. Around one third refer to the website at least twice a week but not daily. The remaining third use the site but refer to it less than once a week, suggesting they look specifically for a particularly relevant piece of information or guidance which they are seeking.

52% of respondents have downloaded the app



88% of respondents use formulary drug choice information

More than 98% responded that the information is “excellent” or “good”

78% of respondents use clinical guidelines information

95% responded that the information is “excellent” or “good”

62% of respondents use referral information

88% responded that the information is “excellent” or “good”

29% of respondents use learning quizzes

90% described the learning quizzes as “excellent” or “good”

80% of respondents found it easy to find information on the websites

46% of respondents found it easy to find information on the app

Some of the comments received when asked about any extra features for the website and/or app:

- Keep up the hard work, I love it!!
- Love the brief explanations/guidance around formulary choices, really useful but not in all sections which would be good.
- Superb- thank you. Please update the 2ww section for new NICE guidelines for suspected cancer referral.
- Even more incorporation of guidelines into the formulary. Fantastic learning tool.
- Some of the specialities in the RD&E have specific ways they like GPs to contact them for advice e.g. Endocrine have a consultant available for an hour over lunchtime, Gastro have a specific phone number, i.e. who we can contact for urgent advice and how. This would be useful.
- SD+T could make it the "go to" website: referral forms, guidance, local groups and support networks for patients etc. At the moment it benefits from being "twinned" with the more useful Western formulary.
- Balance of info vs brevity for ease of use suits me.
- I think there needs to be a balance in the sections between prescribing details and extra information- I read a section the other day where there was too much surplus information that I felt had too little relevance to anything really necessary in the formulary.