Derbyshire JAPC Annual Report
April 2011- March 2012

www.derbyshiremedicinesmanagement.nhs.uk

Introduction

The purpose of the committee

JAPC is an important strategic network with the responsibility for promoting cost-effective use of medicines and supporting functional integration in healthcare delivery. Each of its stakeholder organisations/bodies will gain benefit from working in a co-ordinated manner.

Aims of JAPC

JAPC is a strategic committee with responsibility for promoting appropriate, safe, rational, and cost-effective use of medicines in Derby and Derbyshire. JAPC has delegated decision-making responsibility for pharmaceutical governance on behalf of Integrated Governance in the County PCT and advises Clinical Governance on pharmaceutical governance within the City PCT. Decisions will represent standards of good practice, and are normally expected to be implemented. JAPC has no delegated responsibility for resource allocation.

JAPC's key aims are:

1	To ensure high standards of pharmaceutical governance
2	To maintain an area drug formulary
3	To maintain the traffic light classification for prescribing responsibility
4	To develop local clinical guidelines and shared care guidelines for amber drugs
5	To advise on implementation of NICE guidance/guidelines that concern drug use
6	To advise on the commissioning and provision of new drugs and new indications
7	To review key clinical trials and advise on their implications

Membership

The JAPC serves the following participating organisations:

- NHS Derbyshire County (D. County)
- NHS Derby City (D. City)
- Derbyshire Community Health Services NHS Trust (DCHS)*
- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Royal Derby Hospitals NHS Foundation Trust (RDH)
- Derbyshire Healthcare NHS Foundation Trust (DHcFT)**

Membership of the committee comprises a wide variety of professional, clinical, commissioning, managerial, and organisational backgrounds.

*As of 1 April 2011 DCHS became a NHS Trust in its own right and are currently in the process of obtaining Foundation status.

**As of 1 February 2011 Derbyshire Mental Health Services NHS Trust became a Foundation Trust. The Trust is now known as Derbyshire Healthcare NHS Foundation Trust.

Attendance

JAPC meets on the second Tuesday of every month. Some members left during the year (*), whilst others joined in year (#), and some attended as deputies (@).

Name	Job Title	Organisation	Attendance
Mr D Anderton	Senior Pharmacist	RDH	4
Mr P Barrett*	Assistant Director of Finance	D County	4
Dr J Bell	Assistant Director of Public Health (Chair)	D County	9
Ms L Broche @	Clinical Pharmacist	DHcFT	1
Dr P Brownsett	Consultant	DHcFT	8
Mr P Burrill*	Specialist Pharmaceutical Adviser for Public Health	D County	3
Mrs Carole Curry@	Principal Pharmacist	DCHS	2
Mr S Dhadli	Specialist Commissioning Pharmacist (secretary)	D City	12
Ms C Duffin@	Pharmacist	CRH	1
Dr R Elkheir	Consultant in Public Health	D City	1
Dr C Emslie	GP	D County	8
Dr D Fitzsimons	GP	D County	6
Mr I Gibbard	Non-executive Director	D County	4
Mr T Gray	Chief Pharmacist	RDH	2
Mr S Hulme	Assistant Director of Medicines Management	D County	9
Ms L Hunter@	Finance	D City	8
Dr J Leung#	Chair Drugs & Therapeutics Committee	RDH	9
Mr D McLean	Clinical Effectiveness Pharmacist	RDH	5
Dr A Morkane	Associate Director of Public Health	D County	1
Dr A Mott	GP	D County	11
Mrs K Needham#	Head of Medicines Management	D County	6
Dr T Parkin	GP - Hardwick CCG	D County	6
Dr N Qureshi*	GP	D City	3
Mrs S Qureshi	NICE & Audit Pharmacist	D County	12
Mr M Shepherd	Chief Pharmacist	CRH	10
Ms S Sims*	Assistant Director of Commissioning	D City	7
Mr M Steward	Head of Pharmacy	DCHS	9
Ms J Titterton*	Head of Medicines Management	D County	1
Ms B Thompson	Deputy Chief Pharmacist	DHcFT	4
Dr I Tooley	GP	D County	6

Dr Bell chaired the meeting nine times, Dr Mott once and Mr Barratt twice. Mr A Thorpe was the minute taker for ten meetings, with Mrs D Litchfield and Ms D Moore stepping in once each.

Mr P Burrill stepped down as secretary for JAPC in June 2011. Mr S Dhadli took over the position from July 2011.

Drugs classified under the Traffic Lights System (April 2011 – March 2012)

BLACK	BROWN	RED	AMBER	GREEN
Not recommended or commissioned	*Not recommended for use except in exceptional circumstances*	*Hospital/specialist only*	*Shared care*	*Suitable for primary care*
Fingolimod (interim until NICE publish guidance)	**Naftidrofuryl** (TA223 –intermittent claudication)	**Memantine** (from Brown to Red)	**Memantine**	**Leuprorelin** (for licensed indications) (from Brown to Green)
Cilostazol (TA223)	**Tapentadol**	**Romiplostim** (ITP)	**Liraglutide** (non-trained clinicians)	**NuvaRing** (specialist initiation)
Pentoxifylline (TA223)	**Coagucheck testing strips**	**Tolcapone**	**LMW heparin**	**Pivmecillinam** (only on microbiologist recommendation)
Inositol nicotinate (TA 223)	**Glucosamine** (reclassified from green)	**Osvaren**	**Exenatide** (non-trained clinicians)	**Liraglutide** (specialist training)
Bilastine (Antihistamine)	**Methylnaltrexone** (reclassified from red)	**Liraglutide** (non-trained clinicians)	**Buccal midazolam** (for adults only)	**Exenatide** (specialist training)
Exenatide once weekly (interim position)	**Ezetimibe** (reclassifed from green)	**Golimumab** (TA225 & 233)		**Lacosamide** (specialist initiation)
Caphosol/Episil (Mucosal pain)	**Indapamide MR** (hypertension)	**Dabigatran** (stroke prevention in AF)		**Tafluprost** preservative free eye drops (specialist initiation)
Roflumilast (TA244 – COPD)	**N-Acetylcysteine** (for IPF)	**Paliperidone LA injection** (schizophrenia)		**JEXT** (adrenaline pen)
Fluenz	**Vardenafil orodispersible**	**Cinacalcet** (hyperparathyroidism)		**Tredaptive** (Specialist initiation. Reclassified from brown)
RESPeRATE	**Exenatide prolonged release suspension** (TA 248)	**Dronedarone** (AF)		**Hydroxychloroquine** (specialist initiation from amber)
		Ticagrelor (interim position)		**Ticagrelor** (specialist initiation, reclassified from red)
		Tocilizumab (TA 238 & 247)		**EllaOne** (following guidelines)
		Apixaban (TA 245)		**Ethosuximide** (specialist initiation)
		Nilotinib (TA 241)		**Caverject** (specialist initiation)
		Stiripentol (Dravet syndrome)		**Vardenafil 5mg. 10mg, 20mg**
		Pharmalgen (TA 246)		
		Retigabine (TA232 - seizures in epilepsy)		

Jan 2012- classification of specials category – BROWN drug only to be prescribed on an exceptional basis when a licensed, cost-effective product is not available.

Clinical guidelines ratified:

- Anticoagulation guidelines (April 2011)
- Glucose control in type 2 diabetes (June 2011)
- COPD (updated) (July 2011)
- Treatment guideline for glaucoma (August 2011)
- Oral nutrition supplements (August 2011)
- Vitamin D deficiency holding position (September 2011)
- Dry eye treatment (October 2011)
- Emollient prescribing guideline (November 2011)

- Ashgate hospice (non-medical prescribing formulary) (December 2011)
- Liverpool Care Pathway (December 2011)
- Behavioural problems in patients with dementia (December 2011)
- COPD (update) (January 2012)
- Varenicline (update) (February 2012)
- EllaOne (February 2012)
- Use of anti-depressants for moderate and severe unipolar depression (February 2012)
- Neuropathic pain – extended for further six months (March 2012)

Shared care agreements ratified:

- Nebulised colistin in pseudomonas aeruginosa lung infections (April 2011)
- Acetylcholinesterase inhibitors (May 2011)
- Modafanil for narcolepsy (May 2011)
- Riluzole (May 2011)
- Rivastigmine for PD dementia complex (May 2011)
- Melatonin (June 2011)
- Phosphate binders (June 2011)
- Liraglutide and exenatide (August 2011)
- Memantine (August 2011)
- ADHD in children (September 2011)
- Azathiopurine for RA (November 2011)
- Ciclosporin for RA (November 2011)
- D-penicillamine for RA (November 2011)
- Leflunomide for RA (November 2011)
- Methotrexate for RA (November 2011)
- Sodium aurothiomalate for RA (November 2011)
- Sulfasalazine for RA (November 2011)
- Low molecular weight heparin (December 2011)
- Cabergoline and quinagolide for hyperprolactinaemia (January 2012)
- Buccal midazolam (for adults only) (March 2012)

Other recommendations and decisions

Patient group directions ratified:
Trivalent seasonal influenza (October 2011)
HPV vaccine (January 2012)

Insulin analogues
Evidence for the place in therapy for insulin analogues was presented by Mr Burrill with the view that this should be proactively promoted to all health professional involved in the management of people with type 2 diabetes.

GLP-1 agonist training events
GLP-1 agonist training events for GPs have taken place across the County

PODCAST study
PODCAST study (NIHR study) approved to commence within Derbyshire County PCT. The trial examines the benefits of intensive statin therapy on cognitive function and the treatment arm involved intensive management of lipid targets. It was highlighted some GPs maybe requested to prescribe statins which were not in line with PCT policy.

Quetiapine MR
Patent for quetiapine plain tablets expired March 2012, and prescribing of modified release preparation is on the rise. Given that both preparations are cost neutral and with the imminent patient expiry the potential for cost savings was highlighted to JAPC, once the generic is available.

Hypertension (CG127)
NICE guidance for hypertension presented some important changes which would impact on primary care:

- Calcium channel blockers - first line choice for >55y years and black afro-Caribbean people.
- Indapamide and chlortalidone are preferred choice for thiazide-type diuretics over bendroflumethiazide.
- Offering angiotensin receptor blocker alongside as an alternative treatment option to ACEI.
- using ABPM for diagnosis of hypertension

Horizon scanning
To highlight new medicines in the pipeline, which may have an impact on prescribing budgets.

Specials
Work was undertaken to place specials in the BROWN category, but with allowance for prescribing under certain exceptionalities.

Joint prescribing specification
The joint prescribing specification was updated, amended and ratified for use across the County.

Wound Care Formulary
Updated Derbyshire wound management formulary was prepared with the aim of assisting with rational prescribing of wound care products and to promote good clinical practice. The formulary was ratified for use across the County.

Communications
All the JAPC recommendations and publications are available at www.derbyshiremedicinesmanagement.nhs.uk/home. This is a public website. A JAPC Bulletin is issued every month highlighting that month's decisions.

Structural Changes and Terms of reference
During 2011/12 GP practices across the County clustered together to form five Clinical Commissioning Groups (CCG). General Practitioners have begun taking responsibility for the commissioning of health services across Derbyshire County and Derby City, with Public Health responsibilities being transferred to either Derbyshire County Council or Derby City Council.
The terms of reference for JAPC were reviewed in light of the structural changes to the organisation and a JAPC sub-group ratified the current membership and governance.

Summary
The Derbyshire Joint Area Prescribing Committee continues to make good progress in bringing together clinical decision making and promoting the cost-effective use of medicines across the Derbyshire health economy. It has had excellent primary and secondary care representation, has been well attended, and delivers a significant improvement in governance associated with medicines use for all the participating organisations.

Recommendation

The Boards and Professional Executive Committees (or equivalent) of member organisations are requested to acknowledge the details of this report.

Sadaf Qureshi
NICE audit and Clinical Liaison Pharmacist
NHS Derbyshire County