NHS Greater Glasgow & Clyde
Non-Medicines Utilisation Sub-Committee

Processes related to the Non-Medicines Formularies

1. BACKGROUND

NHS Greater Glasgow and Clyde supports the introduction of new and existing products that allow its population to benefit from advances in non-medicines treatment. At the same time there is a need to achieve the maximum benefit for patients from the significant spend on existing medicines and non-medicines items. In addition to these advances in treatment, changing demographics and increasing public expectations place growing demands on the NHS. Despite ongoing review of services and prescribing to maximise efficiency, gaps may emerge between patient / clinician demand and the ability of the NHS to provide within available funding allocations.

There is a strong desire and necessity to reduce inequality of provision of treatments across the NHS in Scotland and eliminate 'postcode prescribing'. The process by which new products are managed must be transparent, consistent and explicit to ensure clinicians, managers and the public have confidence in the process and the decisions made. This includes those products which are included on acute sector formularies informed by national procurement framework process which have potential to impact on ongoing cost burden to prescribing budget in primary care (PC) on patient discharge. A joined up approach supports equivalent products being prescribed if required to support safe cost effective patient care regardless of their care setting.

Established as a subcommittee of the Area Drug and Therapeutics Committee (ADTC), the Non-Medicines Utilisation Sub-Committees (Non-MU Sub) remit includes consideration of non-medicines products for inclusion in one of the non-medicines formularies. See Appendix 1 (Non-medicines Formularies Process).

Clinicians are advised not to routinely prescribe a new non-medicine until the local processes for clinical and cost effectiveness review have been completed. Clinicians are encouraged to alert the Non-MU Sub (or appropriate specialist group) of new products for review in the first instance and to consider patient safety and appropriate use of products by following the Non-medicines Formularies Process (Appendix 1). Clinicians involved in development of guidelines need to consider the formulary status of any non-medicines included in such guidelines.

Further details on the subcommittee are contained in the appropriate Terms of Reference document on GGC Medicines: Medicines Policies.

Members and local expert advisors are required to declare any interest in relation to the products under consideration, competitor products, and the associated clinical suppliers.

Non-medicines Formularies

There was an identified need to develop a variety of formularies to take into account the wide range of non-medicines which are routinely prescribed, within a clear governance framework to support safe, cost effective prescribing.

Current formularies include:

- Compression Therapy Formulary: Hosiery and Bandages
- Diabetes treatment accessories
- Gluten-Free Food Formulary
- Hypoallergenic formula for management of cow's milk allergy in children
- Low Protein Food Formulary
- Metabolic Product Formulary
- Oral and Enteral Nutrition Formulary - Adults and Older Children
- Oral and Enteral Nutrition Formulary - Infant and Paediatric
- Stoma Care Joint Formulary
- Urology Formulary
- Wound Care Product Formularies

All formularies and additional Wound Product Prescribing Information can be accessed here.

2. THE PROCESS

Products suitable for consideration in GGC Non-Medicines Formularies

Products are only routinely considered for inclusion in non-medicines formularies if included in Scottish Drug Tariff.

The Scottish Drug Tariff lists products that are available to patients in the community (GP10 or GP10A). An exception is some of the dietetic supplements and substitutes are listed in the English Drug Tariff, but are still available in Scotland.

Non-Medicines Utilisation Sub-Committee product assessment process
Products should be considered non-formulary unless or until evaluated and formulary appeal process undertaken.

A request to evaluate a product may come from clinicians, specialists or via the central prescribing team. If published evidence is lacking or weak a local audit could be considered to illustrate the product's effectiveness and potential service implications prior to completion of CH1. Non-medicines product evaluation form can be found on the GGC medicines: non- medicines formularies page.

The appellant will be directed to the process outlined in Appendix 1 below. The Non-Medicines Utilisation Form CH1 (see Appendix 2) should be completed as part of this process by the appellant.

The appellant will prepare a summary of available benefit, evidence and cost-effectiveness as per CH1 Form. Appeals may require discussion with other clinicians, managed clinical networks or specialist interest groups.

Subsequently the completed Non-Medicines Utilisation Form CH1 is submitted to the Non-Medicines Utilisation Sub-Committee for review and ratification. Appellants should discuss implementation plan for requested changes at Non-MU Sub.

Some specialist non-medicine products (e.g. metabolic products) are chosen by a national tendering process and in these instances are approved by the Non-MU Sub without the need for a CH1 form. This would only apply to those products which are used across all health care settings with no cost effective alternatives in primary care.

At each Non-MU Sub meeting, there is the opportunity to review formulary change requests and agree a formulary status including any proposed restrictions that are decided. Restrictions may be in terms of the prescriber status (e.g. specialist initiation only) or for selected patient groups. Decisions on some non-medicine products may be deferred to allow further consultation with specialists or for the development of a treatment protocol.

Possible Non-medicines Formulary status classes:

- Preferred List
- Total Formulary
- Initiation restricted to by/on advice of a specialist
- Prescribing restricted to Acute Services
- Prescribing restricted to Primary Care
- Prescribing suitable in Primary Care /Acute Sector
- Use according to protocol

The decision can be appealed through the Non-medicines Formularies Process (but not until one year has elapsed from the original Non-MU Sub decision).

The Non-MU Sub will report its decisions every six months to the ADTC.

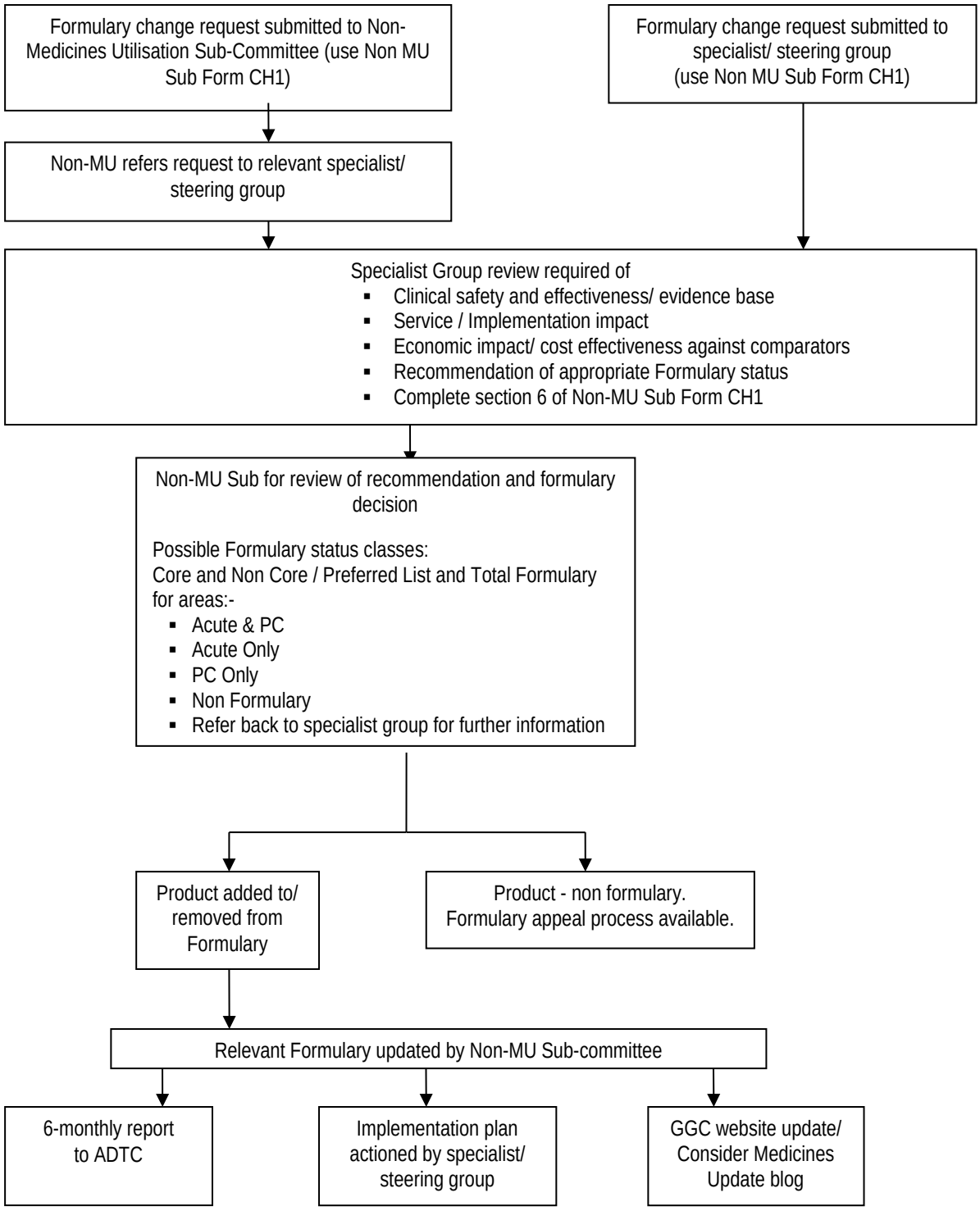
3. COMMUNICATION

It is important to have a system that can efficiently and effectively communicate decisions. In particular early communication to clinicians of products not recommended for prescribing can prevent an unintended pattern of utilisation. Where relevant, decisions will be communicated to the subgroups, specialist group or directorate and to Primary Care for onward dissemination.

4. MONITORING

Monitoring of “Formulary and Non Formulary” product activity will be shared with and/or sent to HSCP staff and managers by the prescribing leads and prescribing support pharmacists based on PRISMS reports. Support on use of Non-Medicines formularies can also be obtained from the non-medical prescribing team and Prescribing Support.

Appendix 1: Non-medicines Formularies Process



NHS GREATER GLASGOW AND CLYDE HEALTH BOARD

REQUEST FOR CHANGES TO GG&C NON MEDICINES FORMULARY

INTRODUCTION

Any clinician or senior member of clinical staff within NHSGG&C has the right to appeal for a product to be included in or removed from Greater Glasgow and Clyde non-drug Formularies included in a Non Medicines Formulary:

Required sections should be completed in full and submitted with relevant clinical evidence.

Please use this form in conjunction with the document "Non Medicines Utilisation Sub-committee processes related to a Non Medicines Formulary" available **on** https://ggcmedicines.org.uk/medicines-policies/

SECTION 1: SUMMARY OF PRODUCT BEING APPEALED

PRODUCT /DEVICE CATEGORY:		BRAND NAME:	
MANUFACTURER:		MODE OF ACTION (if applicable):	

REASON FOR CHANGE REQUEST:

Addition to Formulary (complete sections 2,3, 4, 6)	☐	Change to current formulary restrictions or position (complete sections 2,3, 4, 6)	☐	Deletion from Formulary (complete sections 2,3, 5, 6)	☐

SECTION 2: DETAILS OF PERSON SUBMITTING APPEAL

NAME OF PERSON COMPLETING THE APPEAL:	
DESIGNATION:	
HOSPITAL/DEPT, HSCP OR PRACTICE:	

SECTION 3: DECLARATION OF INTERESTS IN THE PHARMACEUTICAL/CLINICAL SUPPLY INDUSTRY

It is important that any interests are declared in any companies involved with the product you are appealing. Please complete this section regardless of whether you have any declared interests or not. A separate information sheet explaining about personal/non-personal and specific and non-specific interests is available to help you complete this section. If more space is needed, please provide details in section 6 of this form.

I wish to declare that I have an interest(s) in the pharmaceutical company named above:
(Please tick as appropriate)

YES: ☐ NO: ☐

If you answered YES, please provide details:

CURRENT PERSONAL INTERESTS: Please provide details of interests, e.g. shares, consultancy fees etc.	
NON-PERSONAL INTERESTS: Which have arisen in the past 12 months. Please declare if these are still current.	

HAS THIS APPEAL BEEN COMPLETED IN PARTNERSHIP WITH THE PHARMACEUTICAL CLINICAL SUPPLIER INDUSTRY?	YES:		NO:

SIGNATURE:		DATE:	

SECTION 4: PLACE IN THERAPY
(COMPLETE FOR FORMULARY ADDITIONS AND CHANGES TO RESTRICTIONS)

MARKETED USE OR INDICATION:	
PROPOSED USE OR INDICATION IN GGC:	
PLACE IN THERAPY: e.g. First/ second line agent; for use in specific patient groups etc.	
CURRENT ALTERNATIVE FORMULARY CHOICES:	
WHAT ARE THE PERCEIVED ADVANTAGES OVER EXISTING THERAPY?	
ARE THERE ANY PERCEIVED DISADVANTAGES?	

HOW DO YOU ANTICIPATE THE REQUESTED PRODUCT WILL BE USED:
Tick all that apply

ADDITIONAL TREATMENT CHOICE:	
REPLACE EXISTING FORMULARY CHOICE (PROVIDE DETAILS ON NEXT PAGE):	
INITIATION RESTRICTED TO BY OR ON THE ADVICE OF A SPECIALIST:	
PRESCRIBING RESTRICTED TO ACUTE SECTOR USE ONLY:	
PRESCRIBING RESTRICTED TO PRIMARY CARE/ COMMUNITY:	
PRESCRIBING SUITABLE IN PRIMARY CARE/ COMMUNITY AND ACUTE SECTOR:	
USE ACCORDING TO PROTOCOL (PROVIDE DETAILS AND INCLUDE A COPY WHEN SUBMITTING THE APPEAL):	

HAS THE PRODUCT/DEVICE INDICATION/ FORMULATION EVER BEEN CONSIDERED BY THE FOLLOWING AGENCIES?
Tick all that apply and then give details of the place in therapy recommended by these agencies in the space provided on the next page

NATIONAL INSTITUTE OF HEALTH TECHNOLOGIES AND CLINICAL EFFECTIVENESS (NICE)	
QUALITY HEALTH IMPROVEMENT SCOTLAND (QIS):	
SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN) and/or BEST PRACTICE STATEMENT (BPS):	
DRUG TARIFF:	

Appendix 2: Non-Medicines Utilisation Form CH1

ACBS LISTED:	
NATIONAL PROCUREMENT:	
OTHER RELEVANT AGENCY, please specify	

PLEASE PROVIDE BRIEF DETAILS OF THE KEY EVIDENCE AND/ OR GUIDELINES SUPPORTING THE SUGGESTED CHANGE BELOW:
Complete references or electronic links for all relevant information in support of the appeal have to be submitted with this form.

IF PUBLISHED EVIDENCE IS LACKING OR WEAK A LOCAL AUDIT COULD BE CONSIDERED TO ILLUSTRATE THE PRODUCT'S EFFECTIVENESS AND POTENTIAL SERVICE IMPLICATIONS. NON-MEDICINES PRODUCT EVALUATION FORM FOR SUCH AN EVALUATION CAN BE FOUND ON THE GGC MEDICINES: NON- MEDICINES FORMULARIES PAGE.

COST OF TREATMENT PER PATIENT:	
WHAT ARE THE SERVICE IMPLICATIONS FOR ANY SECTOR ASSOCIATED WITH THE USE OF THIS PRODUCT? e.g. prescriber/ user education, need to use up existing stock first, additional sundries etc.	

ESTIMATED NUMBER OF PATIENTS IN NHSGG&C TO RECEIVE THIS TREATMENT OVER A 1 YEAR PERIOD
Give details of numbers and area affected (e.g. 130 new patients/year in primary care or 20 patients/year as day cases etc.). Consider numbers for the whole of the health board rather than your own work area if possible.

DIRECTORATES/ BUDGET HOLDERS CONSULTED ABOUT THIS PROPOSED CHANGE (PLEASE INCLUDE CONTACT DETAILS):

DIRECTORATES/ BUDGET HOLDERS RECOMMENDATION:

SECTION 5: REASONS FOR DELETION FROM FORMULARY
(NOT APPLICABLE FOR FORMULARY ADDITIONS OR CHANGES TO FORMULARY RESTRICTIONS)

REMOVAL FOR A SPECIFIC INDICATION ☐ COMPLETE REMOVAL FROM FORMULARY ☐

CHANGE IN NATIONAL TREATMENT GUIDELINES (PROVIDE DETAILS BELOW) :

CHANGE IN LOCAL TREATMENT PROTOCOLS (PROVIDE DETAILS BELOW) :

CHANGE IN COST-EFFECTIVENESS OF TREATMENT CHOICES (PROVIDE DETAILS BELOW) :

REMAINING FORMULARY TREATMENT CHOICE(S):

FURTHER DETAILS ON PROPOSED DELETIONS:

PLEASE PROVIDE THE FOLLOWING DETAILS FOR THE FORMULARY TREATMENT CHOICE WHICH YOU ANTICIPATE WILL REPLACE THE PROPOSED FORMULARY DELETION:

NAME OF TREATMENT OPTION:

COST OF TREATMENT PER PATIENT: £ for the time period of
e.g. 1 week, 1 month,

WHAT ARE ANY SERVICE IMPLICATIONS FOR ANY SECTOR ASSOCIATED WITH THE USE OF PRODUCT?
e.g. need for prescriber/ user education,

need to use up existing stock first,

ESTIMATED NUMBER OF PATIENTS IN NHSGG&C TO RECEIVE THIS TREATMENT OVER A 1 YEAR PERIOD
Give details of numbers and area affected (e.g. 130 new patients/year in primary care or 20 patients per year as day case etc.). Consider numbers for the whole of the health board rather than your own work area if possible.

DIRECTORATES/ BUDGET HOLDERS CONSULTED ABOUT THIS PROPOSED CHANGE (PLEASE INCLUDE CONTACT DETAILS):

DIRECTORATES/ BUDGET HOLDERS RECOMMENDATION:

SECTION 6: ADDITIONAL INFORMATION

USE THIS SECTION TO INCLUDE ANY FURTHER INFORMATION WHERE YOU HAVE NOT HAD SUFICIENT SPACE IN THE OTHER SECTIONS:

Send the completed form, together with any supporting evidence, to:

NON MEDICAL PRESCRIBING TEAM, Pharmacy Services, Clarkston Court, 56 Busby Road
Clarkston, Glasgow, G76 7AT