Appendix A

Northern Ireland Formulary – Background and Remit

Background

In the 2001 Medicines Management Report, "A Spoonful of Sugar", the Audit Commission recommended that joint primary/secondary care formularies should be developed. Such formularies when properly designed and implemented provide rational, clinically appropriate, safe and cost effective drug prescribing. They can also provide opportunities for health professionals to identify the factors which influence drug selection and act as drivers for the implementation of evidence-based practice. Although the overall effect of formularies should be to reduce drug costs, some appropriate prescribing can lead to increased drug expenditure in certain therapeutic areas e.g. cardiovascular disease prevention and sometimes the drugs of first choice in a class are not the least expensive.

Joint formularies will also act as mechanisms to increase generic prescribing. The Appleby Report criticised the low level of generic prescribing in Northern Ireland as being nearly 30% lower than the average in England. This has improved over the last five years and by November it was 61%, much closer to the UK average of 66% (2009). However, generic prescribing by general practitioners in Northern Ireland varies between 46% and 70% so there is room for improvement in a number of GP practices.

A Northern Ireland Regional Formulary would bring together the various national sources of information – NICE, SMC, NPC, Cochrane Collaboration, together with formularies from other regions and local prescribing initiatives to produce a list of drugs and therapeutic options which would attempt to set standards for best clinical practice. For the first time in Northern Ireland we would be able to provide a regional mechanism for a prescribing interface between primary and secondary care which would result in fewer alterations in drug therapy and reduce the risk of prescribing errors and adverse effects.

Three important factors will influence the nature of a Joint Formulary:

1. 80% of prescribing takes place in primary care.

2. The nature and extent of primary care is strongly influenced by clinicians in secondary care.

3. Prescribing errors are most common at the primary care/secondary care interface.

The Formulary, as commissioned, is designed to provide evaluated advice drawn from the available evidence on the most appropriate medicines to be prescribed

across the therapeutic spectrum. In this context, it embraces the need to ensure consistency and continuity of prescribing across primary and secondary care and the consideration of medicines to be 'appropriate' from both clinical and cost-effectiveness perspectives. It clearly stands therefore as a significant corporate body of guidelines to support therapeutic practice and indeed wider prescribing governance.

Emanating from the Formulary, the HSC Board may include Formulary monitoring as a quality indicator of medicines management within the HSC. That said, there is clear recognition that individual patients may require medicines which lie outside recommended first line treatments and that concept is already encapsulated within the current therapeutic guideline publications. The HSC Board would, however, expect the majority of patients to be treated with the recommended first line choices while maintaining the ability to prescribe alternative treatments where individual cases warrant their use.

Remit

The Formulary is intended to be used across both primary and secondary care sectors in Northern Ireland to ensure consistency and continuity of supply.

The Formulary will provide all prescribers with guidance on first and second choice drugs. The selection will be based on clinical effectiveness, safety, cost effectiveness and patient acceptability – taking into account National guidance where appropriate.

The drugs that will be included in the Formulary will be sufficient to meet the needs of the majority of patients (70%) but clearly not all. The Formulary recognises that individual patients may require medicines outside of the recommended first line choices or treatments and therefore it will not cover 100% of all prescribing.

Adherence to the Formulary is strongly recommended in both primary and secondary care but it is recognised that there will be patients for whom a more extensive and complex drug regimen is more appropriate, most notably in specialist care settings.

Non-formulary drugs are both appropriate and justifiable when there are contra-indications to Formulary drugs or when patients require further medicines in addition to recommended first and second choice drugs. These clinical examples require clear communication between primary and secondary care.

The Formulary will be developed in stages equating to BNF chapters and the chapters will be prioritised based on frequency of use, impact on the prescribing budget, prescribing risk and overall therapeutic importance. The Formulary is not designed to replace the BNF and all prescribers should continue to refer to it as the main source of drug information.

The Formulary will also contain prescribing notes that highlight key messages about the drugs and/or the conditions being treated. Algorithms and more complex therapeutic topics will be referenced but not necessarily included in the Formulary except where appropriate.

Only new drugs which have SMC and/or NICE approval can be added to the Formulary if appropriate. Medicines awaiting SMC or NICE review will be considered as non-formulary items and those not accepted will remain excluded.

Generic names will be used except when proprietary names are more appropriate.

In some therapeutic areas, regional specialist groups are already developing and implementing prescribing guidance e.g. antimicrobial prescribing guidelines for primary and secondary care. In these cases these guidelines will be referenced and linked from the Formulary.

The Formulary will be regularly updated and reviewed by the Formulary Editorial Subgroup (see Implementation and Review section) and will be endorsed by the Medicines Management Forum.