

NHS Cumbria CCG Governing Body	Agenda Item
17 April 2014	6

Governance arrangements for Area Prescribing Committee

Exec Summary/Purpose of report:

Health care commissioners have a statutory responsibility to ensure that care, including medicines and treatments, is commissioned within available resources. In order to secure the best value healthcare and the greatest health benefit for their populations, commissioners need to prioritise the allocation of limited resources and balance demands for medicines and treatments against a number of considerations.

Commissioners may not always be able to fund all the care that is practically possible.

The CCG, therefore, is required to ensure that the decision making relating to new and existing medicines follows a robust and transparent process.

The Outcome & Quality Assurance committee has reviewed the current process and have been assured that the Cumbria Area Prescribing Committee, that undertakes this role, has a robust and transparent decision making system.

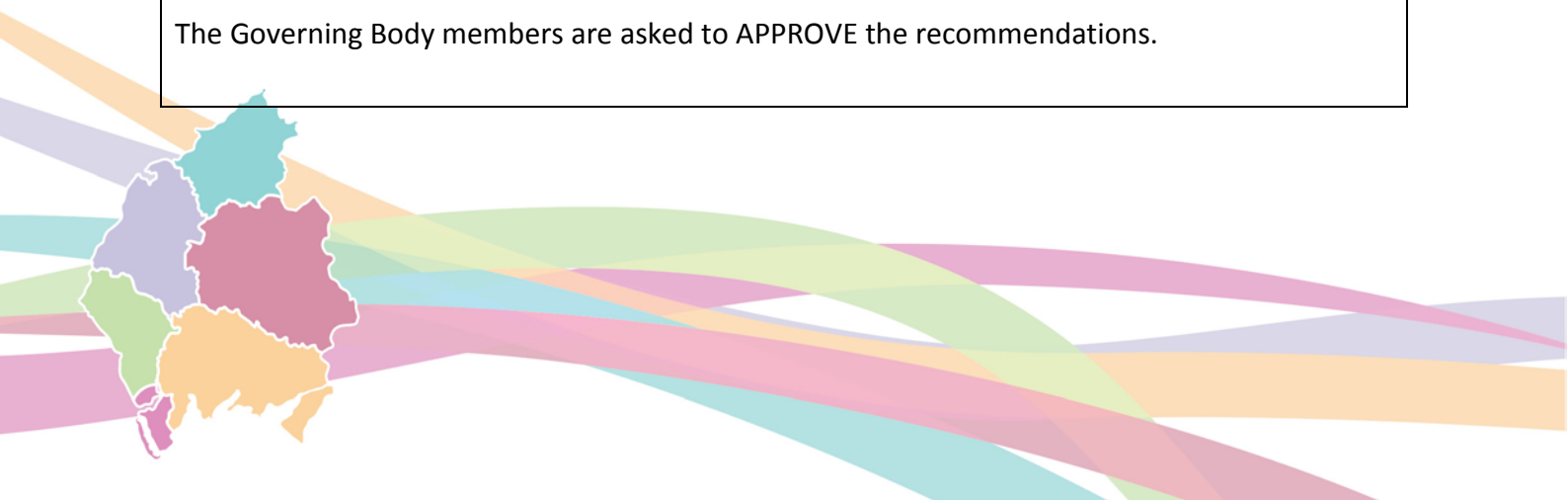
The full terms of reference for the Cumbria Area Committee (APC) are attached.

Recommendations:

1. The Cumbria Area Prescribing Committee will act with mandated authority for decision making relating to medicines.
2. All decisions will be reported to the Outcome & Quality Assurance committee.

Actions required by members:

The Governing Body members are asked to APPROVE the recommendations.



Management Sponsor	Andrea Loudon, Clinical Pharmacy Lead
Clinical Sponsor	Andrea Loudon, Clinical Pharmacy Lead
Presented By	Geoff Jolliffe, GP Lead South
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Cumbria Area Prescribing Committee

TERMS OF REFERENCE

1. Name of Committee	Cumbria Area Prescribing Committee
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2. Connectivity	
Reports to	NHS Cumbria CCG Outcome & Quality Assurance Committee

Committees reporting to this Group	UHMBFT Drug & Therapeutic Group NCUHT Drug & Therapeutic Committee CPFT Medicines Management Committee Cumbria Joint Wound Management Group HMP Haverigg Medicines Management group Working groups may be set up to fulfil the business of this committee
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3. Chair	Bill Glendinning, Director of Pharmacy, NCUHT
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Management Lead	Andrea Loudon, Clinical Pharmacy Lead, Cumbria CCG
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Membership	UHMBFT DTG Chair NCUHT DTC Chair CPFT DTC Chair GP Prescribing leads (CCG Localities) Public Health Consultant Clinical Effectiveness Pharmacist, NECS Medicines Optimisation Pharmacist Team Lead, NECS Cumbria CCG Finance representative UHBMFT Chief Pharmacist NCUHT Chief Pharmacist CPFT Lead Pharmacist Community service provider senior nurse rep Cumbria CCG Clinical Pharmacy Lead Lay person Local Pharmaceutical Committee representative Local Medical Committee representative
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- 4. Members should:**
- Commit to regular attendance of the APC to ensure continuity and balance of input into decision-making
 - Act as a representative of their organisation within the APC
 - Send a nominated deputy to meetings if they are unable to attend
 - Feedback all discussions and decisions to their own organisations, as appropriate
 - Act as representative of the APC within their own organisation
 - All members will be expected to sign up to the relevant policy on declaration and register of interests
 - Members may be excluded from decision making, where declarations of interest may compromise neutrality

- 5. Function of Committee - Terms of Reference**
- OVER-ARCHING FUNCTIONS**
- Ensure that processes underpinning local decision-making about medicines and treatments are consistent with the NHS constitution
 - To ensure that processes and local decisions about medicines and treatments are in line with DH guiding principles for processes supporting local decision making about medicines
- See Appendix 1 for local decision making process

CORE BUSINESS

- Plan for and manage the introduction of new medicines and new indications for existing medicines into the local health economy.
- Plan and facilitate local implementation of national policy, eg NICE guidance, MHRA safety alerts and other national guidance
- Develop and / or approve shared care protocols, treatment and / or prescribing guidelines and care pathways between different care environments; help to decide who prescribes and where prescribing occurs.
- Provide guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in the local health economy, eg developing and keeping a formulary up-to-date; agreement of prescribing policies.
- Ensure that its advice, once agreed, is implemented and / or endorsed by relevant organisations, for example, by an implementation and monitoring plan.
- Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the APC, including the safety aspects of the way medicines are used in practice.

WIDER CONTEXT

- Consider funding pathways and work with commissioners and contractors to ensure that systems are in place to manage high cost medicines and / or interventions within the context of existing (and future) financial frameworks (for example PbR tariff exclusions).
- Highlight to commissioners potential impact (cost saving or cost generation) of approved medicines.
- Provide guidance for appropriate working with the pharmaceutical industry including guidance for the CCG and non-medical prescribers.
- Consider changes in service delivery that impact on medicines management across the interface.
- Consider social and local authority issues relating to medicines management.
- Monitor medicines use in the health economy and feedback to local organisations.

5. Links with Other Committees

Lancashire MM Board
 Northern Therapy Advisory Group (N-TAG)
 Northumbria Foundation Care Trust
 Infection, Prevention & Control Committee
 Specialist Commissioning groups
 Local Clinical Networks
 NHS England – Clinical Senate of the Area Team

6. Authority

The Committee has delegated authority for decisions on medicines prescribed in primary care and commissioned by Cumbria CCG.

7. Standard Agenda Items	<ul style="list-style-type: none"> • RAG traffic light system • Shared Care Guidelines • NICE guidelines • MHRA Drug alerts & bulletins • Prescribing Guidelines/Care pathways • Formulary/new drugs • High cost new drugs • Specialist network advice
8. Review date for Committee – Terms of reference/structure	The above terms of reference should be reviewed in December 2014
9. Frequency of meetings	Bi-monthly
10. Electronic File location (Filename and Path)	P:/CCG/Carlisle locality/APC
11. Quorum	Two GP representatives plus one member from each of the two acute Trusts and one member from CPFT if relevant agenda items

Appendix 1 - Decision Making Process for new medicines in Cumbria

