

Herefordshire & Worcestershire Medicines and Prescribing Committee

Terms of Reference July 2020

The Herefordshire & Worcestershire Medicines and Prescribing Committee (MPC) is a group of health care representatives across Herefordshire and Worcestershire operating in a partnership capacity. It aims to improve the health outcomes for the Integrated Care System (ICS) population by promoting safe, high quality, consistent, and transparent evidence-based recommendations on medicines across the ICS health economy.

OBJECTIVE

The key objectives of the committee are:

- To support clinical decision-making – formulary management, prescribing guidelines and policy development
- To advise on medicines inclusion in treatment pathways and services
- To facilitate interface discussion around medicines usage
- To facilitate the Horizon Scanning framework

This requires that the committee is pro-active, taking a strategic approach by co-ordinating and directing policy across primary, community and secondary care, between providers and between clinical and pharmacy networks where possible.

The central principles of equitable, rational prescribing and medicines use, namely clinical and cost effectiveness, appropriateness (including convenience), safety and financial management, will guide the thinking and outputs of the committee.

SCOPE

The committee will undertake work on behalf of NHS Herefordshire & Worcestershire Clinical Commissioning Group (HWCCG), Worcestershire Acute Hospitals NHS Trust (WAHT), Worcestershire Health and Care Trust (WHCT) and Wye Valley NHS Trust (WVT), relating to the use of medicines identified through analysis of prescribing data, individual funding requests, contract review meetings, NICE programme of work and other issues identified as they arise. This will include the safe introduction of new medicines/indications, funding considerations and development of local guidance.

Where required, the committee will facilitate system discussion for the implementation of NHS England and NHS Improvement (NHSE/I) medicines commissioning policies where required of local providers.

Any policy development requests for new non-medicine technologies will be considered via the Herefordshire & Worcestershire (H&W) Clinical Commissioning Policy Collaborative (CCPC).

Medicines in the context of this document include prescribable (FP10) appliances.

MEMBERSHIP

- HWCCG representatives, including:
 - Associated Director of Medicines Commissioning
 - GPs
 - Pharmacists
 - Contracts Manager
- Worcestershire Acute Hospitals Trust (senior medical and pharmaceutical) representatives
- Worcestershire Health and Care Trust (senior medical and pharmaceutical) representatives
- Wye Valley NHS Trust (senior medical and pharmaceutical) representatives)
- Patient and Public Involvement (PPI) representative

Copied into core circulation of papers; attendance as the need arises:

- Powys Local Health Board representative
- Public Health representative: Herefordshire Council,
- Public Health representative: Worcestershire County Council
- H&W Local Pharmaceutical Committee (LPC)

Additional attendees may be co-opted to contribute to specialised areas of discussion, determined by the specific agenda

KEY RESPONSIBILITIES

1. To act as a focus for developing and refining local professional opinion on medicines, therapeutics and associated pharmaceutical issues, in consideration of the financial implications, and to convey such opinions to all relevant organisations and bodies, including those not directly represented on the committee.
2. To support ICS strategy and operational planning by developing a unified approach to the introduction of new medicines, local policies and national guidance involving medicines across Herefordshire and Worcestershire.
3. To facilitate clinical leadership on the introduction and prescribing of new medicines/formulations or existing medicines with new indications, enabling clinical input from all specialties and disciplines as appropriate, in a way that treats all potential new medicine developments consistently.
4. To provide guidance on potential disinvestment, e.g. where there is little or no evidence base, or relative cost-effectiveness appears to be poor compared to other available options.
5. To lead and oversee formation, ongoing maintenance and implementation of the on-line Herefordshire & Worcestershire Joint Medicines Formulary.
6. To lead and assure formation and development of prescribing policies, guidelines and treatment pathways for Herefordshire and Worcestershire.
7. To forecast developments in healthcare which involve the use of medicines and provide effective advice on the local clinical and financial implications of such developments and their management.
8. To consider the financial implications of new medicines and agree appropriate levels of funding, advising local commissioners and providers as appropriate.
9. To respond promptly to local, regional and national changes in NHS policy that will affect prescribing and medicines management locally, including National Institute for Health and Care Excellence (NICE) Technology Appraisal (TA) guidance, outlining the financial implications.
10. To be cognisant of the outputs of the Regional Medicines Optimisation Committees (RMOCs) and aim to review any relevant guidance/ recommendations in a timely manner.
11. To contribute to the commissioning process to ensure that prescribing and medicines use issues are given due weight in wider healthcare planning and service delivery agreements locally.
12. To monitor the decision-making processes and expenditure by the WAHT, WHCT and WVT for unexpected costs incurred without prior MPC authorisation; e.g. where an immediate funding decision is required.
13. To make recommendations to assist the resolution of issues relating to prescribing at the interface between primary, secondary, tertiary and social care.

MEETING FORMAT

- A quorum is defined as a minimum of six members present, including at least one CCG GP representative, at least one representative from each of the WAHT, WHCT, WVT and HWCCG Medicines Commissioning members.
- If any member of the MPC is unable to attend they should provide comments on agenda items before the meeting where possible.
- A regular monthly meeting will be held.
- The committee will democratically elect the Chairman and deputy and this appointment will be reviewed on an annual basis in December.
- HWCCG hosts the administration of the meetings and associated correspondence with additional clinical support from all other organisations.
- Videoconferencing facilities will be used to maximise attendance.
- Papers will be circulated electronically at least five working days before the meeting.
- The committee will hold a register of interests with new declarations recorded at the start of each meeting from members present.
- Documentation should be kept for a minimum of six years.

AUTHORITY

Decisions will be reached through a voting system that may require individual votes/views being recorded. Decisions will be adopted on a majority vote, providing that a *consensus*¹ is reached.

- The Associate Director of Medicines Commissioning of HWCCG has delegated authority for any HWCCG decision making associated with operation of the MPC in line with the CCG's Standing Financial Instructions.
- If the Associate Director of Medicines Commissioning is not present at the meeting, they will be asked to approve any decisions made by the committee after the meeting. This will be recorded in the minutes.
- Where there is a divergence of opinion between the consensus view and the Associate Director of Medicines Commissioning with delegated authority, the application will be reconsidered at a future meeting. Should the divergence of opinion remain, the issue will be referred to the HWCCG Clinical Commissioning Executive Committee (CCEC) for a final decision to be made.
- Where the committee fails to reach a consensus view, further discussions will be held at a future meeting. If a consensus is still not reached, the application will be rejected.
- Where an MPC guidance/policy has significant and unplanned financial implications or represents a high risk to organisations involved, this will be referred to the HWCCG CCEC for a final decision to be made.
- Resources will be allocated following consideration of the horizon scanning/budget planning document as part of the annual commissioning process. Allocated resources will be managed either through delegation to the WAHT, WHCT and WVT or held by the HWCCG. This will be defined as part of the horizon scanning/budget planning process.

RESPONSIBILITY OF MEMBERS

- An annual register will be taken for any Declarations of Interest. If any member has financial or personal interests, whether pecuniary or otherwise in any related matter that is the subject of consideration, they should declare such interest, in advance. All declarations of interest made as a result of this provision, and any action taken, will be noted in the minutes of the meeting.
- Resignation from the committee may be made at any time by notice to the Chairman, in writing.

¹ For the purpose of this document, consensus is defined as: 'a group decision making process that seeks the consent of all participants; it may be defined professionally as an acceptable resolution, one that can be supported. The term 'consensus' describes both the decision and the process of reaching a decision. Consensus decision-making is thus concerned with the process of deliberating and finalising a decision, and the social and political effects of using this process.

- **Nominated organisation representatives are responsible for ensuring timely feedback on actions and dissemination of decisions made by the committee and should agree a standard approach for dissemination of information:**
 - WAHT: Feedback is via the Medicines Safety Committee (MSC); with specific information on new medicine requests/introduction of new medicines directed at relevant clinicians/departments.
 - WHCT: Feedback is via the Medicines Management and Safety Sub-Committee (MMSSC) and Trust dissemination via site specific intranet publications; with specific information on formulary/new medicine requests/introduction of new medicines directed at relevant prescribers.
 - WVT: Written summary for Pharmacy colleagues including any specific actions. Direct feedback to specialty via Division/Directorate Pharmacist. Trust wide decisions dissemination will include specific memos and Trust Talk/Medicines Matters newsletters where appropriate.
 - HWCCG: Feedback is to general practice, other partners via a combination of direct communication, Members Practice Update, prescriber software, HWCCG website. Specific information on new medicine requests/introduction of new medicines directed to other commissioned providers as necessary.
- Chief Pharmacists/Medical Directors should ensure that organisational colleagues are aware of how, when and to whom they should feed in issues for consideration by the MPC.
- All organisations are expected to follow the MPC operating procedures entitled: 'Supporting the Clinical Decision-Making Process within Herefordshire and Worcestershire'.

MONITORING

- The internal functions of the MPC will be monitored using the following key performance indicators:
 - Meeting is quorate: standard 100%
 - New medicine applications completed and supporting information provided: standard 100%
 - Resources checklist completed: standard 100%
 - MPC papers circulated electronically at least 5 working days before meeting: standard 100%
 - Decision-making criteria applied to all new medicine applications/proactive appraisals: standard 100%
 - Rationale for decision made documented within resources checklist: standard 100%
 - Applicant informed of the MPC recommendation within 7 working days of final decision being made: standard 100%
- A KPI report will be included with the quarterly report to the HWCCG CCEC.

DATE OF APPROVAL BY HWCCG CCEC

August 2020

DATE OF REVIEW

The Terms of Reference will be reviewed every 12 months