

## Cumbria Area Prescribing Committee

### TERMS OF REFERENCE

<b>1. Name of Committee</b>	Cumbria Area Prescribing Committee
<b>2. Connectivity</b>	
Reports to	NHS Cumbria CCG Outcomes & Quality Assurance Committee NCUHT: Governance Committee UHMBFT: Drug & Therapeutic Group
Committees reporting to this Group	Working groups which may be set up to fulfil the business of this committee UHMBFT Drug & Therapeutic Group NCUHT Drug & Therapeutic Committee CPFT Medicines Management Committee Palliative Care Medicines Management group
<b>3. Chair</b>	Bill Glendinning, Director of Pharmacy, NCUHT
<b>Vice Chairman</b>	Andrea Loudon, Clinical Pharmacy Lead, Cumbria CCG
<b>Professional Secretary</b>	Phillip Utting, Senior Technician Medicines Optimisation, NECS
<b>Membership</b>	UHMBFT DTG Chair and/or deputy NCUHT DTC Chair and/or deputy CPFT DTC Chair and/or deputy GP Prescribing leads (CCG Localities) and/or deputy Senior Medicines Optimisation Pharmacist, NECS and/or deputy Cumbria CCG Finance representative and/or deputy UHMBFT Chief Pharmacist and/or deputy NCUHT Chief Pharmacist and/or deputy CPFT Head of Pharmacy and/or deputy Non-Medical Prescribing representative and/or deputy Cumbria CCG Clinical Pharmacy Lead and/or deputy Lay person and/or deputy Local Pharmaceutical Committee representative and/or deputy Local Medical Committee representative and/or deputy Member of Palliative Care Medicines Management Group (when required)
<b>4. Members should:</b>	
<ul style="list-style-type: none"> <li>• Commit to regular attendance of the APC to ensure continuity and balance of input into decision-</li> </ul>	

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**

- To 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.

### **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.

<p><b>5. Links with Other Committees</b></p>	<p>Lancashire MM Board          North of Tyne APC          Lothian Joint Formulary Committee          NTAG (Northern Treatment Advisory Group)          Infection, Prevention &amp; Control Committee          Specialist Commissioning groups          Local Clinical Networks          NHS England – Clinical Senate of the Area Team</p>
<p><b>6. Authority</b></p>	<p>The Committee’s recommendations for NHS Cumbria CCG will be ratified by the Outcomes and Quality Assurance Committee</p>
<p><b>7. Standard Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• RAG traffic light system</li> <li>• Shared Care Guidelines</li> <li>• NICE guidelines</li> <li>• MHRA Drug alerts &amp; bulletins</li> <li>• Prescribing Guidelines/Care pathways</li> <li>• Formulary/new drugs</li> <li>• High cost new drugs</li> <li>• Specialist network advice</li> </ul>
<p><b>8. Review date for Committee – Terms of reference/structure</b></p>	<p>The above terms of reference should be reviewed in February 2018</p>
<p><b>9. Frequency of meetings</b></p>	<p>Bi-monthly</p>
<p><b>10. Electronic File location (Filename and Path)</b></p>	<p>P:/NECS/medicines optimisation/APC</p>
<p><b>11. Quorum</b></p>	<p>Two GP representatives plus one member from each of the two acute Trusts and one member from CPFT if relevant agenda items</p>