

Terms of Reference

Area Prescribing Committee

1. Role

The Area Prescribing Committee will be responsible for the clinical decision making and advice in relation to prescribing and medicine management in services commissioned by Darlington CCG, North Durham CCG and Durham Dales, Easington and Sedgfield CCG and provided by County Durham and Darlington Foundation Trust (CDDFT), Tees Esk and Wear Valley NHS Foundation Trust (TEWVFT), Durham Local Authority, Darlington Local Authority, and all general practice members of the three CCGs.

2. Remit

The Area Prescribing Committee will be commissioner-lead and the remit will be as defined in the National Prescribing Centre document 'Managing medicines across a health community' November 2009 as follows:

2.1 Patient Safety

- Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made, including the safety aspects of the way medicines are used in practice
- Consider the impact of National Patient Safety Agency patient safety alerts and other guidance on medicines usage
- Support safe medicines usage across care interfaces; this may include, identifying the need for and/or developing shared care protocols and treatment guidelines, contributing to traffic light systems, discharge prescribing arrangements, the use of unlicensed medicines
- Contribute to national and local systems for reporting and learning from adverse events

2.2 Commissioning

- Horizon scan, plan for and manage the introduction of, and disinvestment in, medicine in the local health economy within available resources
- Ensure that decisions taken about medicines usage are consistent with wider commissioning frameworks, for example, the annual commissioning round and prioritisation frameworks
- Consider patient pathways and work with commissioners and contractors to ensure that systems are in place to manage high-risk medicines and treatments, within the context of existing (and future) contracting arrangements with primary care contractors and other providers
- Advise on the management of the financial implications of medicines usage across the health community incorporating the QIPP agenda.
- Highlight to commissioners and providers, the potential impact (cost saving or cost generation) of medicines usage
- Make recommendations to commissioners and providers about medicines linked to care pathway design and changes in service delivery

- Establish/contribute to commissioning policy for which medicines, devices and appliances will be used across a health community (for example, by formulary development)
- Contribute and feedback to organisations producing national guidance on medicines
- Approve changes to the Out of Hours Services Formulary for the North East Ambulance Service.

2.3 Governance

- Ensure that robust standards and governance arrangements underpin area wide decision-making/advice related to medicines
- Provide local guidance for appropriate working with the pharmaceutical industry, including guidance for Clinical Commissioning Groups and non-medical prescribers, within national frameworks
- Develop effectiveness measures against the main priorities of the APC
- Ensure recommendations, once agreed, are formally adopted in contracts via existing processes and implementation is reviewed by an implementation and monitoring plan.
- Develop/contribute to quality standards around medicines usage to be included in provider contracts and advise on medicine related CQINN targets
- Monitor medicines use in the health community and feedback to local organisations
- Advise on the appropriate method of supply for medicines (e.g. non-medical prescribing, patient group directions)

2.4 Whole system approach

- Provide guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in the local health economy
- Provide a forum for informed discussion between clinicians, from both primary and secondary care, to ensure that the implications of any significant changes in practice on the management of healthcare resources are defined and understood
- Facilitate local implementation of national and regional policy and/or guidance where it has implications across organisations (e.g. NICE guidance, Better Care, Better Value Indicators, regional specialist decision making groups and Local Clinical Network appraisals and recommendations)
- Advise on social and local authority issues relating to medicines management
- Engage with new and emerging organisations/groups which will have an impact on medicines optimisation in the health community.
- Facilitate community-wide activity e.g. medicines safety or waste campaigns

3. Membership

3.1. Membership of the group will comprise:

GP CCG Quality and Safety Lead(s) x3.

GP Prescribing leads x3 (one from each CCG)

Medical Director/Chair of CSTC CDDFT

Medical Director/Deputy Medical Director TEWVFT

Senior Medicines Optimisation Pharmacist for County Durham and Darlington, North East
Commissioning Support (N.B. act as nominated representative from Darlington CCG)

Chief Pharmacist CDDFT
Formulary Pharmacist CDDFT
Chief Pharmacist TEWVFT
Consultant Specialists CDDFT x 2
Consultant Specialists TEWVFT x2
Primary Care Non-Medical Prescriber Representative
Secondary Care Non-Medical Prescriber Representative CDDFT
Secondary Care Non-Medical Prescriber Representative TEWVFT
Senior Public Health Representative Durham Local Authority
Senior Public Health Representative Darlington Local Authority
Local Pharmaceutical Committee Representative
Chief Pharmacist, NE Ambulance Service
Service User Representative x2
Senior CCG Pharmacist (x 2)
Regional Drug and Therapeutics Centre Representative (professional secretary non-voting)

Chair role will be rotated between the three Clinical Commissioning Groups.

3.2. The quorum is:

Two GP representatives plus one clinician and one senior pharmacist for each of the two trusts CDDFT and TEWVFT to which the agenda is relevant.

At least two CCGs should be represented.

3.3 All members of the committee will be expected to sign up to the relevant policy on declaration and register of interests.

3.4 Members may be excluded from decision making, where declarations of conflict of interest may compromise neutrality.

3.5 Other advisory specialists, for example Finance, will be invited to attend, where specific issues relating to their respective areas of responsibility are discussed.

3.6 The Area Prescribing Committee may agree to co-opt other clinicians or managers as and when necessary.

3.7 The Regional Drugs and Therapeutics Centre will nominate a Senior Pharmacist to act as professional secretary. Responsibilities of Professional Secretary:

- Coordinate agenda, minutes and actions
- Prepare evidence for consideration by the meeting if appropriate
- Facilitate the agreed work programme

4. Attendance

4.1 Members should appoint deputies to represent them when they are unable to attend.

4.2 Other representatives may attend as and when agreed with the Chair.

4.3 Members may be co-opted as appropriate.

5. Declaration of Interests

5.1 Members and regular attendees must complete a 'declarations of interest' form on joining the group and renewed annually in September.

5.2 In addition members and attendees are required to declare any relevant interests relating to the agenda at each meeting.

5.3 Members may be excluded from decision making (to be judged by the Chair) where appropriate.

5.4 Members should also highlight where their organisation may have a potential conflict of interest with an agenda item.

6. Decision Making

6.1 Recommendations will take into consideration both clinical and cost-effectiveness relative to other interventions commissioned for the population, as well as affordability and consequences of implementation.

6.2 Commercially agreed discounts or rebate schemes will only be considered once a decision based on clinical effectiveness is reached.

6.3 Decisions will be made on the best available evidence; ideally this will be fully published trial data only. Abstracts, conference posters, or clinical opinion, will not be used as the sole basis of a recommendation.

6.4 Recommendations are reached by consensus, taking into account declarations of interest. Any dissent against a recommendation will be noted.

7. Voting

7.1 It is recognised that there are very few occasions when recommendations are not unanimous and therefore the requirement for the group to vote may not be necessary. If there are conflicting opinions within the group, the recommendation will be put to a majority vote - Defined as a 75% majority of represented (quorate) members.

8. Appeals

8.1 Anyone who wishes to appeal against the decision making process of the group with regard to the decision in question will be required to present substantial evidence as to the reasons behind their appeal.

8.2 The right to an appeal will be at the Chair's discretion.

8.3 Applications for a medicine on which a decision has already been made can only be resubmitted to the group if substantial and significant new evidence becomes available.

8.4 The Professional Secretary should be contacted in the first instance.

9. Adoption of NICE Technology Appraised Drugs into the Formulary

9.1 If there is more than one NICE-approved medicine for a condition, the APC will not recommend that any one of them is used routinely in preference to the others (unless an order of preference is stated in the TAs or HSTs).

9.2 The APC will not recommend that a medicine that has not been assessed by NICE is used routinely in preference to a NICE-approved medicine.

9.3 The committee may however suggest to healthcare professionals that a particular medicine is preferred locally. Reasons for this could include cost, if a medicine is cheaper than other options, to reflect local clinical expert opinion or to achieve optimal stock control. Any such local recommendation must only be taken into account, however, after a patient and prescriber have discussed all treatment options and only if they have no preference about which medicine they want to use.

10. Accountability arrangements

10.1 The Committee will report to the Management Executives and Drug and Therapeutic Committees of the participating organisations. The Committee will have delegated authority for decision-making from the respective Prescribing Committees and from Commissioners at North Durham CCG, DDES CCG, County Durham & Darlington NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust.

10.2 All decisions made by the County Durham and Darlington APC will need to be approved by the Hartlepool and Stockton-on-Tees CCG and Darlington CCG Joint Executive before being communicated to practices and the websites being updated.

10.3 Information will be shared with Local Professional Committees, the respective Clinical Quality Review Groups and the North East Commissioning Support Unit.

10.4 The Committee will receive the minutes of the High Cost Drugs Subgroup, the Durham and Darlington locality Prescribing Groups, and the ND & DDES CCG Joint Medicines Optimisation Committee.

11. Communication

11.1 Draft minutes, Decision Summary and updated Action Log will be circulated after the meeting to the members within 2 weeks and the minutes confirmed in the subsequent meeting.

11.2 Once confirmed, minutes will be posted on the County Durham & Darlington APC Website.

11.3 The Decision Summary including formulary changes and guidelines approved at the meeting will be forwarded to the Hartlepool and Stockton-on-Tees CCG and Darlington CCG Joint Executive by NECS. Once the decisions taken by the APC are ratified by the

Hartlepool and Stockton-on-Tees CCG and Darlington CCG Joint Executive this will be communicated to all other stakeholders (e.g. North Durham CCG, DDES CCG, County Durham & Darlington NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust) and both the formulary website and the APC website will be updated accordingly by the Regional Drug and Therapeutics Centre.

11.4 The Decision Summary including formulary changes and guidelines approved at the meeting will be posted on the County Durham & Darlington APC Website once all stakeholders have been informed and any necessary ratification from stakeholders has been received.

12. Confidentiality

12.1 All members and attendees agree to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

13. Frequency of meetings

13.1 Meetings will be held every two months. Additional meetings may be arranged if deemed necessary.

14. Review

14.1 These Terms of Reference will be reviewed on an annual basis in May each year.

Dr Ian Davidson

APC Chairman

July 2018

Appendix 1. Area Prescribing Committee Active Members List 2018/19

Name	Job Title	Membership Capacity	Organisation	Voting Rights
Ian Davidson (Chair)	Medical Director	GP CCG Quality & Safety Lead	North Durham CCG	Y
James Carlton	Medical Director	GP CCG Quality & Safety Lead	Durham Dales, Easington & Sedgefield CCG	Y
Richard Harker	Quality Lead	GP CCG Quality & Safety Lead	Darlington CCG	Y
Esther Sheard	GP Prescribing Lead	GP Prescribing Lead	North Durham CCG	Y
Catherine Harrison	GP Prescribing Lead	GP Prescribing Lead (Durham Dales)	Durham Dales, Easington & Sedgefield CCG	Y
Neil Middleton	GP Prescribing Lead	GP Prescribing Lead (Sedgefield)	Durham Dales, Easington & Sedgefield CCG	Y
Peter Forster	GP Prescribing Lead	GP Prescribing Lead (Easington)	Durham Dales, Easington & Sedgefield CCG	Y
Jamie Harris	Chief Pharmacist	Chief Pharmacist	CDDFT	Y
Beverley Walton	Lead Clinical Pharmacist	Formulary Pharmacist	CDDFT	Y
Shafie Kamaruddin	Consultant	Chair of CSTC	CDDFT	Y
Vacant	Consultant	Consultant	CDDFT	Y
Vacant	Consultant	Consultant	CDDFT	Y
Wolfgang Kuster / Kannah Suresh Babu	Associate Clinical Director	Consultant	TEWVFT	Y
Sarah McGeorge	Nurse Consultant / Clinical Director (Mental Health Services for Older People)	Consultant	TEWVFT	Y
Vacant	Consultant	Consultant	TEWVFT	Y
Chris Williams	Chief Pharmacist	Chief Pharmacist	TEWVFT	Y
Valentia Short		Non-Medical Prescriber TEWVFT	TEWVFT	Y
Vacant		Primary Care Non-Medical Prescriber		Y
Vacant		Non-Medical Prescriber CDDFT	CDDFT	Y
Claire Jones	Public Health Pharmacist	Senior Public Health Rep	Durham County Council	Y
Vacant	Public Health Pharmacist	Senior Public Health Representative	Darlington Borough Council	Y
Rob Pitt		LPC Representative		Y
Brewis Henderson		Service User Rep		Y

Chris Cunnington-Shore		Service User Rep		Y
Rosie England	Chief Pharmacist	Chief Pharmacist	NE Ambulance Service	Y
Joan Sutherland	Medicines Optimisation Lead	CCG Pharmacist	North Durham CCG	Y
Kate Huddart	Senior Pharmaceutical Advisor	CCG Pharmacist	Durham Dales, Easington & Sedgfield CCG	Y
Andy Reay	Senior Medicines Optimisation Pharmacist for County Durham & Darlington	Senior Medicines Optimisation Pharmacist for County Durham & Darlington	NECS + Rep from Darlington CCG	Y
Dan Newsome	Medicines Optimisation Pharmacist for County Durham & Darlington	Medicines Optimisation Pharmacist for County Durham & Darlington	NECS	N (support)
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	N (support)