

**Redbridge Clinical Commissioning Group Governing Body  
Area Prescribing Sub-Committee Terms of Reference**

<b>Meeting</b>	<b>Redbridge Area Prescribing Committee sub - committee of Redbridge Governing body</b>
<b>Constitution</b>	<p>Redbridge Clinical Commissioning Group (CCG) governing body ('the governing body') hereby resolves to delegate to its Financial Recovery Programme Board (FRPB), being a committee of the Governing Body, the function of deciding prescribing policy.</p> <p>The governing body having resolved to permit the FRPB to delegate its medicine management functions to a committee, the FRPB hereby resolves to establish a Committee to be known as the Area Prescribing sub-Committee ('the Committee') to which the executive committee delegates the function of deciding prescribing policy.</p>
<b>Role of the committee</b>	<p>The Committee will decide and recommend on prescribing policy as provided for herein and all medicines management matters relevant to QIPP delivery in order to coordinate a cross organisational approach to medicines management and clinical decision making which affect Redbridge CCG, acute hospitals, and mental health and community services.</p> <p>The Committee will also</p> <ul style="list-style-type: none"> <li>• Support the sharing of good practice relating to medicines and prescribing whilst encouraging CCG specific innovation; and</li> <li>• Provide organisational assurance on patient safety as relates to medicines governance through the production and oversight of medicines management guidance and policy; and</li> <li>• Provide operational risk management with respect to medicines optimisation; and</li> <li>• Promote cooperation and consistency of approach in the commissioning process within and across different care pathways; and</li> <li>• Enable key stakeholders and clinicians working in the CCG, to exert an influence on the prioritisation, improvement and development of healthcare delivery at primary, acute, mental health and community services interfaces</li> </ul>
<b>Membership</b>	<p><b>Members:</b></p> <ul style="list-style-type: none"> <li>• The Clinical Director of [name] CCG whose portfolio is [prescribing]* (Chair) ("the Prescribing Clinical Director")</li> <li>• Chief Pharmacist,</li> <li>• Deputy Chief Pharmacist ,</li> <li>• 1 Prescribing Adviser(s)</li> <li>• QIPP Pharmacist,</li> </ul> <p><b>Attendees:</b></p> <ul style="list-style-type: none"> <li>• Chair BHRUT Drugs and Therapeutics Committee [DTC])*</li> <li>• Chair Barts Health Joint Prescribing Group)*</li> <li>• Site lead Pharmacist for Whipps Cross, Barts Health ( WCUHT)</li> <li>• Chief Pharmacist, Barking Havering Redbridge University Trust (BHRUT)</li> <li>• Chief Pharmacist, North East London Foundation Trust (NELFT)</li> <li>• Chair NELFT DTG*</li> <li>• 1 Pharmacy Manager North East London Community Services (NELCS)</li> </ul>

	<ul style="list-style-type: none"> <li>• London-wide/ Redbridge Local Medical Committee (LMC) Representative*</li> <li>• Local Pharmaceutical Committee (LPC) Representative</li> <li>• Commissioning representative of Commissioning Support Unit (CSU)</li> <li>• 1 Patient Representative</li> </ul> <p>*Medical practitioner</p> <ul style="list-style-type: none"> <li>• Business Manager Medicines Management Team</li> </ul> <p>Additional attendees may be co-opted as necessary to provide expertise in a particular subject area, such as :</p> <ul style="list-style-type: none"> <li>• Clinical Governance &amp; Audit Manager as determined by the agenda</li> <li>• Public Health Board / local authority representation as determined by the agenda</li> <li>• Chief operating officers of constituent CCGs as determined by the agenda</li> <li>• Relevant secondary care clinicians as determined by the agenda</li> </ul> <p>Members and attendees should, where possible, identify deputies to attend on their behalf in the event of non attendance. Members will have regard to the views of the attendees.</p>
<b>Chair</b>	The Committee shall be chaired by the Prescribing Clinical Director or deputy (as named by the Prescribing Clinical Director from time to time) if absent.
<b>Quorum</b>	<p>The quorum of the Committee is three of the five members, to include at least the Chair, and the Chief Pharmacist or the Deputy Chief Pharmacist.</p> <p>There must also be 50% of the attendees which must include one representative from BHRUT, NELFT, NELC CSU, Barts Health and the LMC. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.</p>
<b>Decision-making</b>	<p>For any single decision on the matters set out in the "Role of the committee" (above) which will lead to a cost to the CCG in excess of £50,000 or multiple decisions in respect of the same matter which will lead to a cost of £200,000 in each financial year (hereinafter known as "the Prescribed Amount") the Prescribing Clinical Director must first obtain the prior approval of the FRPB in order to seek a decision on the matter from the Committee.</p> <p>Such approval will be sought at any prior meeting of the FRPB, such approval being by way of a simple majority.</p> <p>Where such approval of the FRPB has been obtained the Prescribing Clinical Director may refer the matter for a decision of the Committee at the next meeting of the Committee.</p> <p>Where no such approval has been obtained the Committee will only be permitted to take a decision on any matter the cost of which does not exceed the Prescribed Amount.</p> <p>On any matter as set out in the "Role of the committee" (above) which will lead to a cost to the CCG the Committee is permitted to make recommendations to</p>

	<p>the FRPB on such matter or matters and no prior approval for such recommendation is required.</p> <p>On any matter as set out in the "Role of the committee" (above) which will not lead to a cost to the CCG the Committee is permitted to take decisions on such matter.</p> <p>The chair of the Committee will work to establish unanimity as the basis for decisions of the Committee. If, exceptionally, the Committee cannot reach a unanimous decision, the chair will put the matter to a vote, with decisions confirmed by a simple majority of those members present, subject to the meeting being quorate.</p> <p>The Committee will ensure that any conflicts of interest are dealt with in accordance with the CCG standards of business conduct policy. The Committee will ensure that any conflicts of interest are dealt with in accordance with the CCG's conflict of interest policy.</p>
<p><b>Duties of the Committee</b></p>	<p>The Committee shall provide oversight and give assurance to the executive committee of the governing body on medicines governance as set out below:</p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>• Receive, consider and provide decisions and guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in support of the QIPP agenda. This includes the following functions: <ul style="list-style-type: none"> <li>➤ assessment of the clinical and cost-effectiveness of medicines</li> <li>➤ development and maintenance of a joint formulary</li> <li>➤ development and approval of shared care guidelines</li> <li>➤ development and approval of prescribing guidelines</li> </ul> </li> <li>• Receive and endorse the recommendations of relevant pan-London/stakeholder advisory groups where appropriate e.g. NELFT, NELCS, Barts Health DTC and BHRUT MOG decisions</li> <li>• Facilitate local implementation of national policy and/or guidance where it has implications across organisations (e.g. NICE guidance)</li> <li>• Engage with new and emerging organisations/groups who will have an impact on medicines management in the health community e.g. GP consortia, private providers, community providers</li> </ul> <p><b>Commissioning</b></p> <ul style="list-style-type: none"> <li>• Support the horizon scanning, planning and managed entry of high cost drugs information</li> <li>• Ensure that decisions taken about medicines usage are consistent with wider commissioning frameworks, for example, the annual commissioning round and CCG priorities and annual budgets</li> <li>• 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</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>• Ensure that robust standards and governance arrangements underpin decision-making/advice related to medicines</li> <li>• Provide local guidance for appropriate working with the pharmaceutical industry</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure decisions, once made, are implemented and/or endorsed by relevant organisations, for example, by an implementation and monitoring plan</li> <li>• Advise, endorse or approve patient group directions as relates to CCGs</li> </ul> <p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Support safe medicines usage across care interfaces including identifying the need for and/or developing shared care protocols and treatment guidelines, discharge prescribing arrangements and the use of unlicensed medicines</li> <li>• Work with the Quality and Safety Committee</li> </ul>
<b>Frequency of meetings</b>	Meetings shall be held bi-monthly and not less than four times a year.
<b>Notice of meetings</b>	<p>Meeting dates are set by the project support officer for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to members and attendees within four weeks of the meeting.</p> <p>A minimum of four weeks' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers.</p>
<b>Administration and minutes of meetings</b>	<p>The Business Manager Medicines Management Team shall be secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the chair and committee members.</p> <p>BHR CCG medicines management team hosts the administration of the meetings and associated correspondence with additional clinical support from all other organisations where applicable.</p>
<b>Reporting responsibilities</b>	<p>The Committee shall:</p> <ul style="list-style-type: none"> <li>• Submit to the Quality and Safety Committee complete copies of minutes of all meetings; and</li> <li>• Submit an annual report of its work to the Quality and Safety Committee; and</li> <li>• Submit minutes to Provider Trust MOG/DTC and DTG for information</li> </ul>
<b>Authority</b>	<p>The Committee is authorised by the FRPB to make decisions on all medicines management activities within its terms of reference including for the avoidance of doubt the Prescribed Amount referred to above.</p> <p>On any matter as set out in the "Role of the committee" (above) which will not lead to a cost to the CCG the Committee is permitted to take decisions on such matter.</p>
<b>Other</b>	The Committee shall bi-annually review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the governing body for approval.

**Reviewed May 2018 and reported to the joint committee of BHR CCGs on 24 May 2018**

**Table 1: Ethical Values to help with Decision making**

Drug Name.....

<b>1. RESPECT FOR PEOPLE</b>	<i>1.1 Responsiveness</i> To what extent does this intervention reflect the wishes or preferences of the public, the people at whom it is aimed or other stakeholders?	
	<i>1.2 Accessibility</i> Will it be easy for the people who need this intervention to actually use it?	
	<i>1.3 Appropriateness</i> Can we be sure that the intervention will be delivered to the right people, at the right time, in the right place, by the right personnel?	
<b>2. PRODUCING BENEFIT</b>	<i>2.1 Size of the Problem</i> Roughly how many people in the population are directly affected?	
	<i>2.2 Severity of the Problem</i> To what extent are people who suffer from the problem at risk of death or incapacity (physical or psychological) because of it?	
	<i>2.3 Outcome of Intervention</i> How much improvement in quality and/or length of life is the intervention likely to produce?	
	<i>2.4 Likelihood of Benefit</i> How likely is it that the improvement will happen? What is the number needed to treat (NNT)?	
	<i>2.5 Evidence of Effectiveness</i> How strong is the evidence that this service or intervention actually works? What is the strength of the evidence?	
<b>3. NOT CAUSING HARM</b>	<i>3.1 Risks</i> What chance is there that unintended harm could result to those who use the service or intervention or to others? What are the risks of not taking action in this area?	
	<i>3.2 Quality</i> What certainty is there that accepted standards of good practice (if any exist) will be met?	
<b>4. JUSTICE</b>	<i>4.1 Use of Resource</i> What will be the cost benefit (£ spent vs. £ saved) cost effectiveness (£ per unit of health outcome) cost utility (£ per QALY) opportunity cost of using this drug (what could have done instead?)	
	<i>4.2 Equity</i> How much of a contribution will this make to reducing the gap between the best off and the worst off?	
	<i>4.3 In accordance with identified values &amp; priorities</i> How closely does the use of this service or intervention correspond to existing national, regional or local priorities, policies or activity?	

We acknowledge the North East London Medicines Management Network for this framework.