HERPC

Hull & East Riding Prescribing Committee

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TERMS OF REFERENCE

These Terms of Reference have been updated in response to NICE Medicines Practice Guidelines 1: Developing and updating local formularies
https://www.nice.org.uk/guidance/mpg

1. PURPOSE

To ensure a collective strategic and ethical approach to prescribing & medicines management issues across the Hull and East Riding Health Community, in relation to the safe, clinical and cost effective use of medicines.

2. DUTIES

1. To provide advice on the commissioning of medicines on behalf of member organisations
2. To establish, maintain and review a joint formulary
3. To establish, maintain and review a "Traffic Light" Classification of medicines
4. To approve shared care frameworks and prescribing guidelines
5. To plan and facilitate the local implementation of national policy e.g. NICE guidance, safety alerts and other national guidance, where a cross-organisational approach is required
6. To make recommendations to assist in resolution of problems relating to prescribing at the interface between primary, secondary, tertiary and social care
7. To ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the committee, including the safety aspects of the way medicines are used in practice
8. To develop effective communication channels to ensure decisions made and advice given is disseminated and implemented appropriately

3. WORKING ARRANGEMENTS

3.1 Core Membership

- **One Hull CCG** representative – GP Prescribing Lead
- **One ERoY CCG** representative – GP prescribing Lead
- **One Commissioning Support** representative – from Medicines Optimisation Team
- **Two HEY** reps – Chief Pharmacist, Consultant
- **Two HTFT** reps – Chief Pharmacist, Consultant Psychiatrist
- **One Community Primary Care Provider** representatives - Senior Pharmacist
- **Public Health Director** representative from East Riding and Hull Local Authorities
- Interface Pharmacist (Professional Secretary)
- Interface Technician (Minute taker)
- NMP representative
- LMC representative(s)
- LPC representative(s)
- Lay representative

3.2 Co-opted members:

Additional members may be invited to attend the meeting for the purpose of providing advice and/or clarification to the group, to include:

- Commissioning managers from member organisations
- Infection Control specialist – must be present / consulted for decisions involving use of antimicrobials
- Procurement representative
- Specialist commissioning representative
- Clinical network representative
- Individual specialists, including nursing, in relation to specific agenda items, with prior agreement of committee
- Additional members of providers drug and therapeutics committees to support discussions

3.3 Deputising arrangements

Each member can appoint a nominated deputy to attend meetings on their behalf. Members must send a representative with appropriate authority and experience, wherever possible, if they are unable to attend.

3.4 Membership responsibilities

- Represent the views of their constituent organisations or professional groups
- Have authority to make clinical and commissioning decisions on behalf of their constituent organisations or professional groups. Ensure that decisions taken by committee are communicated to their organisation or professional groups
- Ensure feedback from constituent organisations is received by committee, including any specific concerns regarding patient safety
- Commit to attend meetings regularly
- Commit to work outside meeting where required, including training to assure competency in line with NICE LDM competency framework
- Come to meetings prepared with all documents and ready to contribute to debate
- Declare any financial or personal conflicts of interest at the start of each meeting
- Review the terms of reference biannually

3.5 Chair and Vice chair
The Chair will be one of the GP prescribing lead and the vice-chair the interface pharmacist.

3.6 Quoracy
Chair or vice chair

One CCG GP
One secondary care consultant
One pharmacist from CSU in absence of Chair
One pharmacist from HEY, HTFT

The overall attendance must include a minimum of two doctors and two pharmacists, one each from primary and secondary care

3.7 Frequency of meetings
Bi-monthly

4. PROCESS
Medicines will be identified for consideration of joint formulary status, traffic light classification, commissioning position from

1. Change in national NHS policy or guidance affecting impacting across interface
2. Change to individual provider formulary
3. Recommendation received from CSU Treatment Advisory Group (includes horizon scanning function)
4. Change to formulary status or guideline from neighbouring organisation
5. Specific query from individual member organisations

Medicines identified from 1-3 will be standing agenda items and will be discussed at next committee meeting, wherever possible.

Other items will be prioritised according to following criteria

- patient safety
- impact on patient care
- timelines for new medicines reaching the market
- severity of disease and patient numbers affected
- clinical effectiveness
- gaps in treatment or other available treatments
- cost effectiveness
- resource impact
- inappropriate variation in local current practice

A summary of evidence will be provided by member organisations DTC, CSU TAG or Regional Drug and Therapeutics Centre.

Any medicines with a positive NICE TA will be added to formulary once the following has been agreed;

- Traffic Light Classification
- Update to guidelines/pathways
- Where recommended as an option, place in therapy
- Any other actions to ensure patient safety

These actions must be completed within 90 days of published TA.

4.1 Decision Making

Decisions involving a review of evidence will be made on fully published trial data only. Abstracts or conference posters will not be used as the sole basis of a decision. Where there is a significant impact on clinical, financial and/ or services, recommendations only will be made. These will be sent to commissioners for consideration by the appropriate CCG commissioning bodies.

The group will take into consideration

- patient safety
- clinical effectiveness
- cost effectiveness or resource impact
- strength of evidence
- place in therapy relative to available treatments
- national guidance and priorities
- local health priorities
- equity of access
- stakeholder views

The group will promote treatments for which there is good evidence of clinical effectiveness in improving the health status of patients and is cost effective; it will not approve a treatment that is shown to be ineffective. The group will also promote the decommissioning of treatments which are identified as clinically ineffective or no longer cost effective. The committee will notify HEY and HTFT on formulary changes, as required.

Where there is a question of affordability, the committee will defer to the CCGs for a decision (see section 4.2 below for further details).

4.2 Voting

The committee will aim to make decisions where a consensus is reached between all representatives. Where a consensus is not reached, the Chair and Vice-chair have the right to defer any disputed decisions to Service Redesign and Planning Committee (clinical policy subgroup), ERoY CCG and Planning and Commissioning Committee, Hull CCG. This may result in a different commissioning decision for the different CCGs.

4.3 Appeals

In circumstances in which significant new information becomes available, or a decision was based on incomplete or inaccurate information, the committee will review the new information and reconsider their recommendation or decision at the next meeting.

In circumstances where the committee is judged not to have followed the process for making a recommendation or decision published in the Terms of Reference, concerns should be raised with the Chair of the committee. Where concerns remain unresolved arrangements will be made for a review of the decision making process to be undertaken by a neighboring Area Prescribing Committee or equivalent organization, as per NICE Medicines Practice Guidelines 1 (*NB this process is currently been developed March 2014).*

5. REPORTING ARRANGEMENTS

5.1 Accountable to

- Planning & Commissioning Committee (clinical policy subgroup) (Hull CCG)
- Service Redesign and Commissioning Committee (ERoY CCG)

5.2 Reporting to

- Drug & Therapeutics Committee, HEYT
- Drug & Therapeutics Committee, HTFT

through an annual report to be approved by Commissioners and circulated to relevant stakeholders

All decisions will be reported to, and any unresolved commissioning/contracting issues relating to prescribing across interface will be escalated to

- Planning & Commissioning Committee (clinical policy subgroup) (Hull CCG)
- Service Redesign and Commissioning Committee (ERoY CCG)
- Drug & Therapeutics Committee, HEYT
- Drug & Therapeutics Committee, HTFT

Any decisions will be reported to or issues regarding patient safety will be escalated to:

- Quality & Performance Committee, Hull CCG
- Quality, Performance and Finance Committee, ERoY CCG
- Drug & Therapeutics Committee, HTFT

5.2 Reporting to the group:

The following subgroups are accountable to and report to HERPC

- Medicines Management Interface Group – attended by Medicines Management representatives of HERPC member organisations for the purpose of
  - developing and reviewing guidelines prior to approval by HERPC,
  - reviewing national guidance and identifying items for referral to HERPC,
  - agreeing medicines management processes to implement decisions of HERPC
- Formulary subgroup - attended by Interface pharmacist, HTFT senior pharmacist, CSU pharmacists for Hull CCG, ERoY CCG; for the purpose of developing and reviewing joint formulary, for approval by HERPC

All outputs from the above groups must be signed off by HERPC before they can be finalised.

6. COMMUNICATION AND DISSEMINATION

Meeting agenda and papers will be circulated to members one week prior to each meeting.

Draft minutes and action tracker will be circulated within 14 days from the meeting to the members and confirmed in the subsequent meeting. In addition, a summary sheet/newsletter will be circulated to members for approval and once approved for onward circulation, via committee members, to member organisations, within four weeks of committee meeting.

A public website will be maintained which will include the HERPC Terms of Reference, the joint formulary, all approved guidelines, minutes of committee decisions and summary sheet/newsletter.

The minutes and summary sheet/newsletter will also be circulated to

- HEY Drug & Therapeutics Committee
- HTFT Drug & Therapeutics Committee
- CHCP Therapeutics Group
- North Lincolnshire Area Prescribing Committee

APPROVAL PROCESS

Written by:	**Marie Miller, Interface Pharmacist**
Consultation process:	**MMIG,** ***HEY D&T*** ***HTFT DTC*** **LMC, LPC**
Approved by:	***HERPC March 2014 Reviewed March 2018***
Ratified by:	**Service Redesign and Commissioning Committee, ERY CCG** **Planning & Commissioning Committee, Hull CCG**
Review date:	***March 2021***