

Terms of Reference

Area Prescribing Committee, Birmingham, Sandwell, Solihull and environs (APC)

Terms of Reference

- The Terms of Reference outline the Committee's purpose, responsibility, scope, membership, roles and responsibilities, accountability, reporting mechanisms, digital recording of meeting, frequency of meeting, and quorum.
- These terms of reference will be reviewed annually, or when organisational changes occur.

Purpose of the Committee

The APC serves the local Community by improving the safe and effective use of medicines, and improving cost effectiveness across its member organisations. It does this by deciding which medicines are recommended for use locally, and by supporting the implementation of evidence based advice on the best use of medicines.

Background

- Improving medicines optimisation and prescribing are key priorities for Clinical Commissioning Groups and NHS Trusts.
- A range of organisations need to collaborate to optimise the introduction of, and make best use of medicines and technologies. These include commissioning, finance, clinical effectiveness and public health networks.
- The APC is a strategic committee whose member organisations are primary and secondary care commissioners and NHS Trusts working together to ensure a consistent health community approach to medicines decision making.

Responsibilities

- The Committee will, on behalf of the health economy, manage the local Joint Formulary.
- It will consider applications for medicines to be added to the Joint Formulary, recommend their adoption or non-adoption, and specify the circumstances under which adopted medicines should be used.
- It will also review the Joint Formulary on a rolling three-year programme to ensure that it is consistent with the aims of safe, effective, and cost-effective prescribing, and with national guidance.

- The Committee will only approve formulary applications that are within CCG commissioner budgets, or that have an impact across primary care.
- Where inclusion of a product will require additional investment beyond delegated limits (either acquisition costs, or service costs), or has broader commissioning implications (e.g. change in service provision), the Committee will pass the recommendation to the relevant Commissioning forum for prioritisation and financial approval.
- The Committee will review areas of inconsistent formulary status across the health economy, and make binding recommendations on their resolution.
- The Committee will highlight the impact of formulary additions to commissioners.
- The Committee will consider the cost-effectiveness of existing treatments, and make recommendations for prescribing change where appropriate.
- The Committee will undertake horizon scanning to forecast developments in medicines related healthcare and support the introduction of new medicines.
- The Committee will ensure the formulary is updated in response to national guidance, medicines licence changes, and safety alerts related to medicines. For example by NICE or the Medicines Health Regulatory Authority.
- The Committee will provide a framework to endorse medicines related guidelines to support better use of medicines across the local area.

Membership

- APC is a decision making group, and therefore organisations will need to delegate responsibility to their representative members.
- The strength of the APC will depend principally upon members working voluntarily together to innovate, solve problems of mutual concern and co-ordinate solutions and implementation plans.

Post type	Organisation
Drug and Therapeutics Committee Chair and/or Trust Chief Pharmacist (or as named delegates)	Birmingham Women's and Children's Hospital NHS FT (incl. Forward Thinking Birmingham) (4 members)
	Birmingham Community Healthcare NHS Trust (2 members)
	Birmingham and Solihull Mental Health NHS FT (2 members)
	University Hospitals Birmingham NHS FT (4 members)
	Royal Orthopaedic Hospital NHS FT (2 members)
	Sandwell & West Birmingham Hospitals NHS T (2 members)
Clinical Commissioning Group Prescribing Lead and/or Clinical Commissioning Group Head of Medicines (or as named delegates).	Sandwell and West Birmingham CCG (2 members)
	Birmingham and Solihull CCG (6 members)
	South East Staffordshire and Seisdon Peninsula CCG (2 members)
Specialised Commissioning representative	NHS England (non-voting)
Patient and Public Representative	(non-voting)
Commissioning Support Unit, Medicines Optimisation Lead and administrative support	Midlands and Lancashire Commissioning Support Unit (non-voting)
City Councils, Public Health Lead (attendance optional)	Birmingham (non-voting) Sandwell (non-voting) Solihull (non-voting)

- Other members maybe co-opted at the discretion of the Committee
- Each member may nominate a deputy to attend in their place, who must be approved by their organisation to hold delegated decision making powers.
- Number of members per organisation reflects the landscape of the healthcare environment when the APC was first formed prior to the mergers of organisations in 2018.

Responsibilities of Individual Committee Members

- Promote two-way communication between the APC and relevant NHS colleagues / organisations.
- Cascade formulary applications within local organisations to obtain views for the APC.
- Take decisions from the APC back to members' own organisations for implementation via internal mechanisms, or for local trust response to the APC.
- Take specific views, from the APC to members' organisations for comment, and then to feedback the responses to APC, as appropriate.
- Undertake work as necessary between meetings.
- Commit to regular attendance of APC meetings to ensure continuity into decision-making.
- Declare prior to each meeting any outside interests, which might have a bearing on your actions, views and involvement in discussions within the committee.

Accountability

- The APC is accountable to the respective Governing bodies and Boards of the member organisations responsible for commissioning and delivering healthcare for patients across Birmingham, Solihull and Sandwell.
- Copies of all minutes will be made available to the participating CCG and Trust Governing bodies and Drug and Therapeutics Committees.
- All members will be asked to complete a declaration of interest form annually which will be held on file at the Midlands and Lancashire Commissioning Support Unit (MLCSU).
- Members present at each meeting will be asked to declare any conflicts of interest.
- The APC will be co-ordinated and administered through the MLCSU Medicines Lead.
- The MLCSU Medicines Lead will be responsible for drafting summary 'Bullet Points' on behalf of the APC for dissemination to APC members for use in local organisations.
- A regular summary report will be made available to the CCG GP Chairs Commissioning Network, the participating CCG and Trust governing bodies and Drug and Therapeutics Committees.

Recognition and Reporting

- There is 'formal recognition' of the APC by participating CCGs via accountability to the Governing bodies.
- There is a pathway for the management of medicines between this Committee and named NHS Trusts.
- This accountability is supported with robust communication (minutes of meetings and APC Bullet Points) to keep the Governing bodies and Drug and Therapeutics Committees fully informed and engaged in the work of the APC.
- The APC Chair has a mechanism for direct access, where necessary, to the relevant Boards of all stakeholder organisations.

The APC is similar to decision-making committees in 'member' organisations, for example acute Trust Drug and Therapeutics Committees (DTC). Decisions relating to medicines and appliances which impact on primary care are delegated to the APC on the understanding that these decisions will be implemented within the member organisations. Any local Trust or CCG issues that may affect this should be brought back to the APC for discussion.

Scope

There are other existing advisory and decision making committees that could have an impact on the scope of activities carried out by the APC, for example:

- UHB NHS FT Medicines Management Advisory Group (MMAG)
- SWB NHS Trust Drug & Therapeutics Committee
- Non Acute NHS Trust Drug and Therapeutic Committees

The APC will only consider applications which have been via the local approval process and signed by the Chair of the relevant advisory/decision making committee in secondary care. For primary care initiated drugs, applications will be via the CCG Medicines Leads.

Applications for medicines and prescribable products that affect primary care prescribing (i.e. with clinical and/or financial implications), or affect provider activity (e.g. through additional appointments or patient monitoring) will be considered by the APC. The APC will be the decision making body in respect of inclusion to the APC Joint Formulary.

Chairman and Vice-chairman

The APC Chair and Vice Chair¹ will be senior clinicians who have a background in evidence-based local decision making and who have strong interpersonal qualities, are able to command the respect of their peers, and have the skills of chairmanship.

The Chair and Vice- Chair may either be elected from the core membership of the Committee or proposed by the membership organisations.

The term of office for both Chair and Vice-Chair will be two years and they will not usually be reappointed for more than two consecutive terms.

Quorum

The meeting will be quorate if there is at least one member present from each of six organisations, two organisations from each of the following groups:

1. University Hospitals Birmingham NHS FT HGS, Sandwell and West Birmingham Hospitals NHST and University Hospitals Birmingham NHS FT QE.
2. Birmingham Women's and Children's Hospital NHS FT (inc Forward Thinking Partnership), Birmingham Community Healthcare NHS Trust, Birmingham and Solihull Mental Health NHS FT and Royal Orthopaedic Hospital NHS FT.
3. Clinical Commissioning Groups.

Voting rights

Decisions of the APC will be based upon reaching a consensus whenever possible utilising an agreed list of criteria but if agreement cannot be reached, decisions will be based upon a majority vote.

Each member organisation will hold one vote. This vote can be one of the members or a nominated deputy in attendance. In the case of a tied vote, the Chair shall hold a casting vote.

If the decision relates to affordability or financial decision making, then the decision is made by within the financial delegation of its members (CCG or secondary) or referred to respective organisations.

Digital recording of meetings

The APC secretariat will obtain written consent of the members present to audio record the meeting as an aide- mémoire to the minute taker to ensure an accurate transcript of the

¹ Joint Chairs if elected

meeting. The only copy of the digital recording will be held by the APC secretariat for a maximum of 1 week after the written transcript has been ratified by all members. This will be destroyed once the minutes are ratified by the Committee members and before publication on the website.

Frequency of meetings

The APC will meet monthly, or at a frequency determined by the Chair.

Declaration of interests

All APC members will complete an annual declaration of interests for submission by 31st March each year. If there are changes to any member's interests in the interim which may affect any particular APC discussion this must be declared at the time.