

Title of Meeting:	NY CCG Governing Body	Agenda Item: 7.4										
Date of Meeting:	24 June 2021	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </tbody> </table>			Session (Tick)		Public	X	Private		Development Session	
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Paper Title:	North Yorkshire and York: Medicines Formulary Decision Making Processes											
Responsible Governing Body Member Lead Sue Peckitt, Chief Nurse	Report Author and Job Title Ken Latta, Deputy Director Medicines Management											
Purpose – this paper is for:	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Decision	Discussion	Assurance	Information	X						
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X												
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. North Yorkshire CCG Clinical Executive Committee and Finance, Performance, Commissioning and Contracting Committee.												
Executive Summary <p>At present there are three area prescribing committees that cover the patient population of North Yorkshire and York. They make recommendations relating to medicines that include requests for new medicine to be added to formulary as well as treatment pathways / clinical guidelines:</p> <ul style="list-style-type: none"> • County Durham and Tees Valley APC. • Harrogate APC • York and Scarborough Medicines Commissioning Committee (MCC). <p>The recommendations from these committees are considered by the North Yorkshire CCG Medicines Commissioning and Formulary Committee for approval to provide assurance of consistency of decisions and avoid variation in access to medicines.</p> <p>Following review it was proposed to streamline the medicines formulary decision making processes. There was support to merge the Harrogate and Rural District Area Prescribing Committee and the York and Scarborough Medicines Commissioning Committee into one Area Prescribing Committee to cover the North Yorkshire and York health system as part of the integrated care systems (ICS) of Humber, Coast and Vale. This change has been supported by the clinical executive committees within North Yorkshire CCG (and the North Yorkshire CCG Finance, Performance, Commissioning and Contracting Committee), Vale of York CCG, Harrogate District Foundation Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust. This new committee will have representation from the following organisations:</p> <ul style="list-style-type: none"> • NHS North Yorkshire CCG • NHS Vale of York CCG • Harrogate and District NHS Foundation Trust • York Teaching Hospitals NHS Foundation Trust • South Tees Hospitals NHS Foundation Trust • Tees, Esk and Wear Valleys NHS Foundation Trust • City of York Council • North Yorkshire County Council. <p>There will be continued representation by the North Yorkshire CCG Medicines Management Team at the County Durham and Tees Valley APC and these minutes will be noted at the new North Yorkshire and York APC.</p>												

The proposal to the Governing Body is to give delegated decision-making authority for North Yorkshire CCG to this new APC up to a maximum financial threshold of £10K per annum per decision per 100,000 population. Any decision above this value will be escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval. This would allow a more efficient process for making decisions and allow for the present North Yorkshire CCG Medicines Commissioning and Formulary Committee to be stood down. It should be noted that the majority of these decisions relate to drugs agreed through NICE, which are mandated for NHS commissioner approval within a three-month timescale of NICE approval. NY CCG FPCCC is in agreement with this level of delegation.

It should be noted that that Vale of York CCG has indicated that their constitution will not allow delegated authority to be given to a joint committee and therefore would propose that recommendations from the new APC would continue to be escalated to the Vale of York CCG Executive Committee for approval by that organisation.

Recommendations

The North Yorkshire CCG Governing Body is being asking to:

1. Note the merger of Harrogate and Rural District APC and York and Scarborough Medicines Commissioning Committee to form a new North Yorkshire and York Area Prescribing Committee.
2. Approve the delegated decision-making authority to a maximum financial threshold of £10K per annum per decision per 100,000 population. Any decision above this value will be escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval. **(See item 8.2 Operational Scheme of Delegation).**

Monitoring

Finance, Performance Contracting and Commissioning Committee receive monthly summaries of decisions made by the North Yorkshire and York APC as well as to consider any recommendations escalated due to exceeding the financial threshold.

CCG Strategic Objectives Supported by this Paper

CCG Strategic Objectives		X
1	Strategic Commissioning: <ul style="list-style-type: none"> • To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. • To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. • To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition. 	X
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	
3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.	X
4	Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	X
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	X
6	Vulnerable People: <ul style="list-style-type: none"> • We will support everyone to thrive [in the community]. • We will promote the safety and welfare of vulnerable individuals. 	
7	Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	X

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	x
2	Compassion	x
3	Empowerment	x
4	Inclusivity	x
5	Quality	x
6	Respect	x

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	NHS Constitution states 'You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence.' Implementation of each NICE technical appraisal needs to be completed within 90 days from publication, this being a statutory duty of the commissioner. The Governing Body must approve changes to the Operational Scheme of Delegation.
Management of Conflicts of Interest	None
Communication / Public & Patient Engagement	There will be a patient lay member on the new North Yorkshire and York APC who will routinely attend the APC meetings
Financial / resource implications	Proposal would be for the new North Yorkshire and York APC to have delegated decision-making authority to a maximum financial threshold of £10K per annum per decision per 100,000 population. Any decision above this value will be escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval.
Outcome of Impact Assessments completed	N/A

Ken Latta
Deputy Director: Medicines Management

North Yorkshire and York: Medicines Formulary Decision Making Processes

Introduction

At present there are three area prescribing committees that cover the patient population of North Yorkshire and York. These are (see appendices 1-3 for current terms of reference):

- Harrogate and Rural District APC
- York and Scarborough Medicines Commissioning Committee
- County Durham and Tees Valley APC

The recommendations from these committees are considered by the North Yorkshire CCG Medicines Commissioning and Formulary Committee for approval to provide assurance of consistency of decisions and avoid variation in access to medicines (terms of reference can be found in the appendix 4). However, the establishment of North Yorkshire CCG on 1st April 2020 requires the CCG to align its previous and future decisions to ensure equity for its population.

The historical positive relationship between the North Yorkshire and Vale of York CCGs as well as with our trusts, and with all using similar information resources and values for consideration, our North Yorkshire and York partnership is in a positive position to allow merger of processes and to achieve single and more assured decisions for the health economy. A unified decision-making process also offers opportunity to streamline and harmonise processes for the North Yorkshire and York 'place' within the integrated care systems (ICS) of Humber, Coast and Vale.

Proposal for Future Processes

Aim: to merge Harrogate and Rural District APC and the York and Scarborough Medicines Commissioning Committee into one committee that covers the North Yorkshire and York health system.

A Collaborative Working Group has been established to consider terms of reference and associated challenges such as how to maintain excellent clinical engagement. It would also plan how to merge functions and formularies into a single streamlined process as well as consider interdependencies of local and out of area decision making bodies. An initial draft terms of reference can be found in appendix 5. The proposal includes:

- Focus on formulary, commissioning positions, drug choice/pathways/guidance (not strategy)
- CCG delegated decision-making authority to a maximum value of £10K per year per decision per 100,000 population, with stated escalation procedures for values above this. At present the Vale of York CCG constitution does not allow delegated authority to be given to a joint committee and for that CCG all recommendations are escalated to their Executive Committee. This process will remain in place.
- Establishing the NY&Y APC with delegated decision making for North Yorkshire CCG will mean the Medicines Commissioning and Formulary Committee is no longer required and this committee will be stood down
- Delegated authority to a considered level of risk with stated escalation procedures, such as variation in commissioning positions compared to other key local providers
- Joint single formulary across North Yorkshire and York CCGs, HDFT and YTH, hosted on a single website with appropriate links, such as for trust specific issues
- Influence into and from TEVV formulary development
- Influence into and from West Yorkshire and County Durham and Tees Valley APCs, seeking to minimise variation between them
- Multi-site videoconferencing to facilitate and ensure appropriate engagement.

The NHS Regional Drugs and Therapeutics Centre (Newcastle) currently supports the MCC as well as the CDTV APC. Their continued support to the NY&Y APC will help minimise variance across the region and help ensure the APC programme captures the necessary business in a timely fashion.

It is anticipated that both Y-STH and HDFT will each have their own Drug and Therapeutics Committees for internal matters but would be encouraged to work together for efficiency and to minimise variation. Similarly, the CCGs and trust will need separate committee processes for other medicines and prescribing related business beyond that of formulary drug choices.

This proposal has already had support from the Clinical Executive Committees within North Yorkshire CCG, Vale of York CCG, Harrogate District Foundation Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust. A date has been set up for the first NY&Y APC meeting on Wednesday 7th July 2021.

Recommendation






1. North Yorkshire CCG Governing Body to note the merger of Harrogate and Rural District APC and York and Scarborough Medicines Commissioning Committee to form a new North Yorkshire and York Area Prescribing Committee.
2. North Yorkshire CCG Governing Body to approve the delegated decision-making authority to a maximum financial threshold of £10K per annum per decision per 100,000 population. Any decision above this value will be escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval (**See item 8.2 Operational Scheme of Delegation**).

Please note that Vale of York CCG colleagues have indicated that their constitution will not allow delegated authority to be given to a joint committee and therefore would propose that recommendations from the new APC would continue to be escalated to the Vale of York CCG Executive Committee for approval.

Ken Latta

North Yorkshire CCG, Deputy Director - Medicines Management

Attachments/Appendices:

1. Harrogate APC - Terms of Reference:	 Item 6.1 APC Terms of Reference.doc
2. Medicines Commissioning Committee – Terms of Reference:	 YS MCC TOR.pdf
3. County Durham and Tees Valley APC - Terms of Reference:	 County-DurhamTees-Valley-APC-Terms-o
4. NYCCG Medicines Commissioning and Formulary Committee	 Final North Yorkshire MCFC TOR v0.006.pc
5. DRAFT North Yorkshire and York APC terms of reference	 North Yorkshire York APC Terms of R