Terms of Reference
North Yorkshire & York Area Prescribing Committee

1. Role

The North Yorkshire and York Area Prescribing Committee has been formed to provide an effective and efficient way of sharing and collaborating with commissioners, trusts and providers across North Yorkshire and York footprint.

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 Humber and North Yorkshire Integrated Care Board (ICB) in North Yorkshire and York, and provided by Harrogate & District NHS Foundation Trust (HDFT), York & Scarborough Teaching Hospitals NHS Foundation Trust (YSFT), South Tees Hospitals NHS Foundation Trust (STHFT), Tees Esk and Wear Valley NHS Foundation Trust (TEWVFT), North Yorkshire County Council and City of York Council, and all general practice members in North Yorkshire and York. This will allow safe and equitable access to medicines across North Yorkshire and York.

2. Remit

- Ensure that processes underpinning local decision-making about medicines and treatments are consistent with the NHS Constitution and in line with NICE guidance "Developing and updating local formularies good practice guidance on formularies."
- To develop and maintain a shared formulary across participating organisations.
- To make decisions on the most appropriate place for prescribing of named drugs (RAG status) using set criteria and ensuring that decisions made are based on safety, cost effectiveness and monitoring requirements.
- To ensure that all applicable medicines with current NICE Technology Appraisals (NICE TAs) are available to patients and correctly listed on the APC formulary and to provide advice to North Yorkshire and York to support the implementation of NICE guidance and other national guidance where it relates to the use of medicines.
- To establish and maintain a system for new medicine requests or of new indications for existing drugs from healthcare professionals. Requests will be assessed on 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.
- Consider the impact of MHRA Alerts, patient safety alerts and other guidance on medicines usage.
- To consider recommendations made by the Regional Medicines Optimisation Committees (RMOCs)
- 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.
- To review and maintain existing shared care agreements plus identify and develop any new shared care agreements.
- To instruct the audit/review of formulary decisions as appropriate to ensure that any conditions stipulated as part of the formulary approval have been adhered to.
- 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 where appropriate for the local population, for example, the annual commissioning round and prioritisation frameworks.
- Highlight to commissioners and providers, the potential impact (cost saving or cost generation) of medicines usage.
- To liaise with other groups/committees in participating organisations, as necessary, including those responsible for clinical governance, clinical effectiveness, clinical audit, clinical risk and education and training.
- To liaise with local Medical and Pharmaceutical committees (LMC and LPC) as appropriate.
- To liaise with local authorities on medicines related issues that relate to services that they commission.
- To support and co-ordinate responses to recommendations on medication safety made by stakeholder organisations as part of an overall risk management strategy.
- To monitor the uptake and adoption of any recommendations made by the APC, and address any variation as necessary.
- To approve requests to use medicines under a Free of Charge Scheme, that would normally be commissioned by the ICB.

3. Membership

3.1 The Area Prescribing Committee will co-ordinate prescribing and medicines optimisation at the interface between primary, community and secondary care across the following organisations:

- North Yorkshire and York Places of Humber & North Yorkshire Integrated Care Board
- Harrogate and District NHS Foundation Trust
- York & Scarborough Teaching Hospitals NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- NY Health and Care Partnership – North Yorkshire
- York Health and Care Partnership

3.2 The membership will be drawn from senior positions within each organisation represented and must fulfil the following responsibilities:

- Represent the view of their constituent organisations and professional groups.
- Ensure adequate consultation has been undertaken within their organisation where appropriate.
- Ensure that decisions agreed by the committee are communicated and implemented by their organisation and professional groups.
- Commit to attend meetings regularly
- Nominate a deputy if they cannot attend.
- Contribute to agenda items.
- Come to meetings prepared with all documents read and ready to contribute to the debate.

- Declare any outside financial or personal conflicts of interest at the start of each meeting.

Organisation	Role
Core Membership – Voting membership (Reps as advised by Trusts/Local Authorities/Organisations):	
Independent	Lay/patient representative
North Yorkshire Place	Head of Medicines Optimisation (or deputy) GP Prescribing Lead GP
City of York Place	Head of Medicines Optimisation (or deputy) GP Lead for Acute Service Transformation GP
Harrogate and District NHS Foundation Trust	Present APC chair Chief Pharmacist (or deputy) Consultant
York Teaching Hospitals NHS Foundation Trust	Drug and Therapeutics Committee Chair Chief Pharmacist (or Deputy) Consultant
South Tees Hospitals NHS Foundation Trust	Chief Pharmacist (or Deputy) Consultant
Tees, Esk and Wear Valleys NHS Foundation Trust	Chief Pharmacist (or deputy) Consultant Psychiatrist
North Yorkshire County Council	Public Health representative
City of York Council	Public Health representative
	Finance representative - 1 member representing the ICB
	Contracting representative – 1 member rep representing the ICB

Organisation	Role
In attendance (non-voting membership):	
North Yorkshire Place	Lead Medicines Management Pharmacist: Commissioning and Formulary
City of York Place	Medicines Optimisation Pharmacist
York Teaching Hospitals NHS Foundation Trust	Formulary Pharmacist
Harrogate and District NHS Foundation	Medicines Effectiveness & Formulary Pharmacist

Trust	
LPC Representative	1 members all representing stakeholder LPCs
LMC Representative	1 member representing all stakeholder LMCs
RDTC representative & Professional Secretary	

3.3 All nominated members to have delegated authority from employing/representative organisation to attend and participate in decision making.

3.4 The Chair and Vice Chair positions should be elected by the Area Prescribing Committee from different organisations and represent both provider and commissioner organisations (i.e. if the Chair is a commissioner member then the Vice Chair should be a provider member, or vice versa).

3.5 The quorum is reached when at least two thirds of voting members are present. An appropriate spread of members' interests is also required for the quorum to be valid. It is advisable that, at least one member from Harrogate & District NHS Foundation Trust, one member from York & Scarborough Teaching Hospitals NHS Foundation Trust, one member from North Yorkshire, one member from York, and a sufficient presence of members with an appropriate clinical knowledge need to be present. TEWVFT to be present for any items pertaining to mental health on the agenda. South Tees Hospitals Foundation Trust to be present for any items relating to services provided by them for North Yorkshire patients.

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

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

3.8 Other advisory specialists may be invited to attend where specific issues relating to their respective areas of responsibility are discussed (e.g. those submitting papers or pathways for approval) as agreed following discussion between the Co-Chairs and Professional Secretary.

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

3.10 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

3.11 The success of the group will depend strongly upon members working voluntarily together to innovate, solve problems of mutual concern and coordinate solutions and implementation plans.

3.12 Members may resign from the committee at any time by communicating this to the Chair or Professional Secretary.

3.13 All members attending APC to represent an organisation or present a paper do so in a professional capacity, and all participants should be treated with courtesy, respect and consideration. Participants should only speak when they are invited by the chair and should raise a hand to be recognised as having something to say. A person should not be interrupted while speaking or asking a question.

4. Attendance

4.1 Participating organisations should appoint deputies to represent them when they are their nominated member(s) is/are unable to attend.

4.2 APC members are expected to attend at least 9 out of 12 meetings.

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

4.3 Members may be co-opted as appropriate with the agreement of the majority of the current APC membership via email prior to the APC meeting if necessary

4.4 If a member is late or leaves early, a record must be made in the minutes as this could affect quorum. If the meeting becomes non-quorate then all decision from that point forwards will require ratification via email post-meeting from those members who left the meeting.

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.

5.4. Declarations of Interest will also be required from all those submitting papers, formulary application, and guidelines to the APC.

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. The group will promote treatments for which there is good evidence of clinical effectiveness in improving the health status of patients and is affordable; it will not recommend a treatment that is shown to be ineffective.

6.2 Commercially agreed discounts or rebate schemes will only be considered once a decision based on clinical effectiveness is reached as per current policy on primary care rebates.

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 of quorate members present who are eligible to vote. An appropriate spread of stakeholder representation and members' interests is also required for the vote be valid.

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 Appeals will only be accepted from clinicians within stakeholder organisations of the APC.

8.3 The right to an appeal will be at the Chair's discretion following discussion with the Professional Secretary.

8.4 Grounds for appeal are:

- Significant new clinical evidence available to support application or submission not considered as part of original decision making process.
- Decision appears to be based on inaccurate or incomplete information in formulary application or papers submitted to APC.
- Decision is based on upon incomplete presentation of formulary application, guideline or agenda item to APC.

- The process for the handling of new drug requests has not been followed.

8.5 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, or one of the grounds for appeal is met.

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

8.7 Appeals against APC decisions will not be accepted directly from pharmaceutical industry.

8.8. The clinician submitting the appeal may be invited to attend the APC in support of the appeal.

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.

9.4 To ensure that medicines with a positive NICE TA recommendation are available for patients, when deemed the appropriate clinical choice for them, no later than 90 days post NICE publication. Medicines with a positive NICE TA recommendation with a 30 day implementation period will be considered by Chair's Action/email with APC membership if needed prior to coming to next available APC meeting for information to ensure timely adoption.

9.5 The APC will not make a recommendation on any drug due a NICE TA in the next 6 months, and no decision will be based on draft NICE Guidelines or Technology Appraisals.

10. Medicine Free of Charge Scheme Requests

10.1 The following arrangements with regard to Compassionate Use/Free of Change Schemes have been agreed locally:

- If the free of charge scheme is for a drug which would normally be NHSE commissioned then it should be approved by the Trust D&T/MTG. (e.g. most Cancer drugs).
- If the free of charge scheme is for a drug which would normally be ICS commissioned then it should be approved at the next available meeting of the APC.
  Trusts to approve at their risk any individual patient requests for ICB commissioned drugs that are clinically urgent and cannot wait till the next APC meeting. This would be on an individual patient basis rather than for a cohort of patients. This decision would then be ratified at the next APC and the position for a cohort of similar patients agreed going forwards.

10.2 All requests for medicines that would normally be ICS commissioned, under a Free of Charge Scheme should be submitted to the APC for a decision using Appendix 1: Free of Charge (FOC) Supply – Request for approval template, found in the RMOC Shared Care Policy.

10.3 When considering a Free of Charge Scheme Request the APC will follow principles and considerations laid out in the current version RMOC Free of Charge Scheme Policy.

11. Accountability arrangements

11.1 The Committee will report to the Humber & North Yorkshire Integrated Medicines Optimisation Committee – IMOC.and the respective Trust Boards.

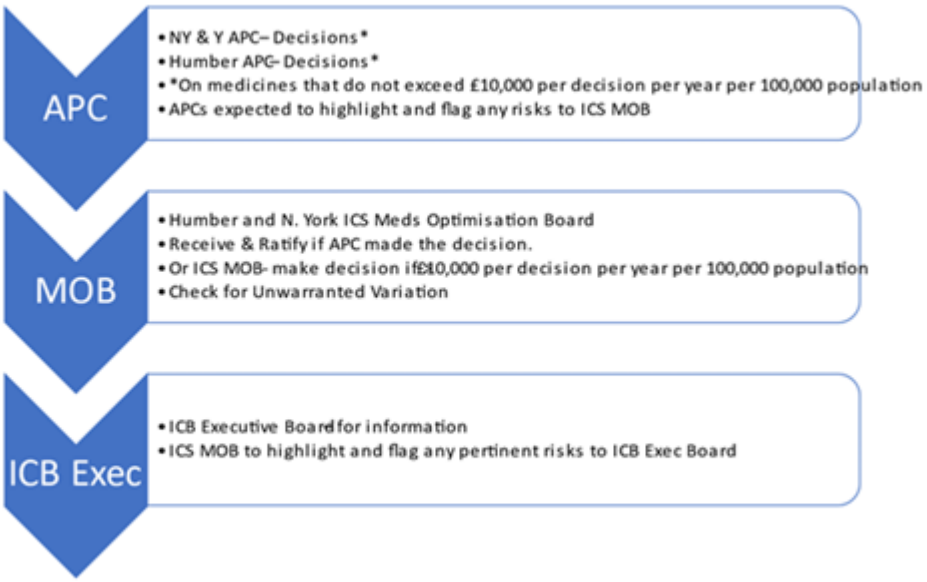
11.2 Decisions at both the North Yorkshire & York APC and the Humber APC will be reported to the Humber & North Yorkshire Integrated Medicines Optimisation Committee – IMOC to ensure consistency across the ICB.

11.3 North Yorkshire and York Area Prescribing Committee: has delegated decision making up to the value of £10,000 per 100,000 population per annum per decision, ensuring consistency across the whole of North Yorkshire and York Places' and for budget management within the agreed prescribing budget.

11.4 Decisions above this threshold will be escalated to the Humber & North Yorkshire Integrated Medicines Optimisation Committee.

11.5 The Committee will receive the minutes of stakeholder Trust D&Ts and any local Primary Care Prescribing Committees

11.6 The Committee will provide an annual report to the constituent organisations.



12. Communication

12.1 An agenda will be produced and circulated electronically together with accompanying papers at least 7 days prior to the meeting.

12.2 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.

12.3 Once confirmed, minutes will be posted on the APC Website.

12.4 The Decision Summary including formulary changes and guidelines approved at the meeting will be posted on the APC Website.

12.5 The majority of communication will be via the website and through membership to their locality, through D+TC secretaries to their trusts, facilitated by the local medicines management team.

12.6 All media enquiries relating to outputs from the APC will be dealt with by the Chair of the Group and the professional secretary (after consultation from membership if necessary).

13. Confidentiality

13.1 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.

14. Frequency of meetings

14.1 Meetings will be held every month on the 1st Wednesday of the month 2pm-4.30pm via Microsoft Teams. Additional meetings may be arranged if deemed necessary.

14.2 A minimum of ten meetings will be held a year

15. Pharmaceutical Industry

15.1 The APC does not accept requests from the pharmaceutical industry to attend meetings or to present information to group members. Applications must be submitted by an NHS healthcare professional working within the North Yorkshire and York health economy. Matters of inaccuracy may be reported to the Professional Secretary

16. Review

16.1 These Terms of Reference will be reviewed on an annual basis.