Terms of Reference for Lancashire and South Cumbria Medicines Management Group (LSCMMG)

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Terms of Reference

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1 Constitution

1.1 These Terms of Reference (ToR) set out the membership, the remit, responsibilities, and reporting arrangements of the group.

1.2 The Lancashire and South Cumbria Medicines Management Group is a sub-group of the Integrated Medicines Optimisation committee, which is a subgroup of the Lancashire and South Cumbria Integrated Care Board executive committee

2 Purpose

2.1 The Integrated Medicines Optimisation Committee (hereby referred to as the IMOC) have established a Lancashire and South Cumbria Medicines Management Group (hereby referred to as the LSCMMG) to ensure equity in access, optimisation of use and the integration of medicines and prescribed medical devices into care pathways in a cost effective manner across the Lancashire and South Cumbria Integrated Care Board (hereby referred to as the LSC ICB).

2.2 The membership of the LSCMMG will consist of a range of representatives to enable a collaborative approach e.g. Clinicians, Primary Care / Secondary Care and Specialist Medicines Management/ optimisation representation, ICB and provider finance representation, ICB and Provider Commissioning / Business managers.

2.3 The LSCMMG will ensure that processes underpinning Lancashire and South Cumbria-wide decision making about medicines and medical devices which are available on NHS prescription are consistent with the NHS Constitution and in accordance with common law.

3 Core Business

3.1 LSCMMG will make recommendations on commissioning positions / policy positions for medicines and prescribable medical devices and will oversee pathways and guidance, shared care documents and information leaflets for the health economy taking due consideration of the environmental impact of medicines/devices, where relevant.

3.2 LSCMMG will maintain and oversee these products as a part of the LSC system wide joint formulary – which is available at: www.lancashireandsouthcumbriaformulary.nhs.uk

3.3 All medicines and prescribable medical devices considered will be assigned a RAG rating which denotes the most appropriate place for prescribing to take place. The RAG rating is based on safety, monitoring requirements and the specialist knowledge required to prescribe. While service commissioning will be considered, it is not the explicit area for LSCMMG, but will align to and

inform commissioning policies, whilst ensuring appropriate links into the structure for service commissioning.

3.4 RAG ratings for medicines do not constitute ICB policies and are instead a clinical recommendation. In areas where there is high reputational, financial or clinical risk, where the development of a policy would mitigate the risks, a policy will be recommended for development, this will be produced in line with the ICBs commissioning policy processes.

3.5 Appendix 1 sets out the formulary input requests that will be received into LSCMMG. Requests for formulary changes will be received from LSCMMG member organisations and external factors such as NICE, product updates or cross border issues.

3.6 Appendix 2 sets out the process undertaken by LSCMMG in developing its guidance and the delegation of decision making is further defined in the decision-making matrix for Medicines Management (Appendix 3). Pathways and guidance will be developed with clinical groups where available, coming to LSCMMG for ratification.

3.7 In the event of an urgent clinical safety or supply issue, decisions can be made outside of the processes set out in Appendix 2 and Appendix 3 via chairs action. Should this occur, a paper will be submitted to the ICB Executive Committee at the next available opportunity for retrospective ratification.

4 Decision making and voting

- Decisions will be taken in accordance with the ICB Scheme of reservation and delegation and Standing Orders. The LSCMMG will ordinarily reach conclusions by consensus.
- In situations where it is not possible to reach consensus the Chair is able to call a vote.
- Only members of the LSCMMG (or nominated deputy) may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- The result of the vote will be recorded in the minutes.

5 Governance

5.1 The LSCMMG is a subgroup of the Integrated Medicines Optimisation Committee (IMOC).

5.2 The LSCMMG forms a key element of the governance structure for NHS Lancashire and South Cumbria ICB, as well as providing the vehicle for overseeing and implementing effective medicines management pathways and guidance and policy positions and a system wide formulary across the ICS. It

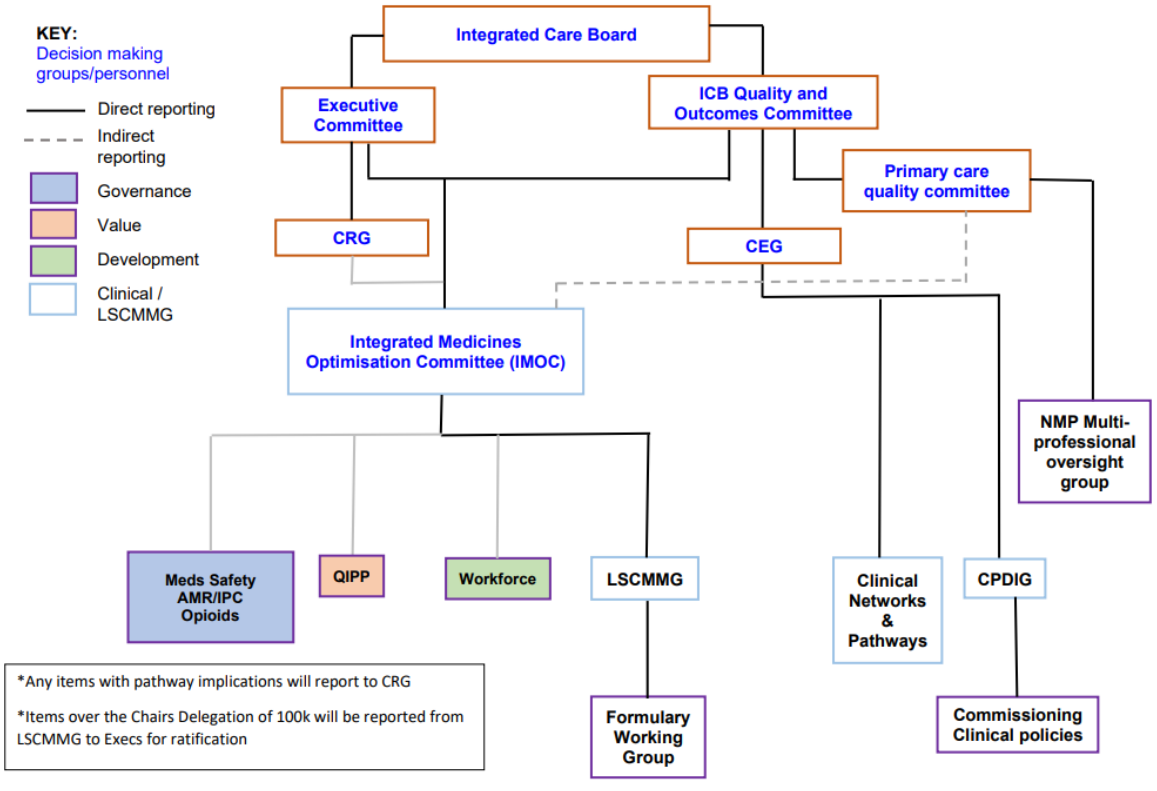
supports a collaborative approach and forum to implement evidence-based best practice, national standards and guidance.

6 Accountability & Authority

6.1 The LSCMMG will report directly to the IMOC and ICB executive committee on a monthly basis.

6.2 The LSCMMG is authorised to:

6.2.1 Review and consider any activity of the ICB that falls within its terms of reference and to discharge its responsibilities.
6.2.2 Establish and approve the terms of reference of such the formulary working group and other sub-groups, task and finish groups as it believes are necessary to fulfil its terms of reference.
6.2.3 Ratify changes to the formulary designated as minor changes.
6.2.4 Approve and ratify all formulary changes designated as moderate changes in line with the Chairs delegation budgetary responsibility of the prescribing budget up to £100k. A summary of the decisions ratified by LSCMMG in the preceding month and a financial report summarising the financial impact of all LSCMMG activity for the financial year to date will be reported to IMOC on a monthly basis.
6.2.5 All formulary and other changes designated as major will be submitted to the ICB Executive committee for ratification.
6.2.6 The LSCMMG will have full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.



7 Duties

7.1 The duties of the group will be driven by the organisation's objectives, associated risks and direction from the IMOC and ICB executive committee.

7.2 An annual horizon scanning process will be undertaken before the start of the financial year, to support the development of a programme of business, flexible to new and emerging priorities including planning for the introduction of new medicines and medical devices.

7.3 Receive and consider outputs from provider Medicines Management (or equivalent) committees such as reviews of PbR excluded products mainly used in provider settings (e.g. Acute and Specialist Trusts), for inclusion in the Lancashire and South Cumbria formulary.

7.4 Receive and consider outputs from neighbouring ICB regions via the North West Medicines Optimisation Group for inclusion in the Lancashire and South Cumbria formulary. Lancashire and South Cumbria ICB must be a decision-making member of any committee that proposes adoption of recommendations on this basis.

7.5 Receive and consider applications from clinicians (which have been confirmed as appropriate by providers or primary care places) for approval to use a new medicine/indication or medical device which are available on NHS prescription.

7.6 Where applications are received through the Individual Funding Request process that relate to a cohort of patients, LSCMMG will consider the development of a commissioning position.

7.7 Receive, consider, adopt and add to the LSCMMG formulary all relevant National Institute for Health and Clinical Excellence (NICE) Technology Appraisals.

7.8 Receive and consider all relevant National Institute for Health and Clinical Excellence (NICE) Clinical Guidelines.

7.9 Oversee commissioning policies and commissioning pathways for medicines and medical devices taking due consideration of the environmental impact of medicines/devices, where relevant.

7.10 Facilitate a process to inform local decisions on the funding of those medicines and medical devices which are available on NHS prescription not considered by NICE, in accordance with the requirements of the NHS

Constitution and Secretary of State Directions to the NHS on Local Decision Making.

7.11 Engage relevant clinical opinion from stakeholder organisations in the development of proposals and recommendations on the management of medicines and medical devices which are available on NHS prescription, with particular focus on their place in therapy within care pathways, formulary status, and traffic light status.

7.12 Engage representative patient opinion in the development of proposals and recommendations e.g. by consulting relevant patient interest groups as appropriate.

7.13 Engage Local Authority public health representation in the development of proposals and recommendations as appropriate.

7.14 Engage Lancashire and South Cumbria Local Medical Committee, Local pharmaceutical committee and other provider representation in the development of proposals and recommendations as appropriate.

7.15 Make prescribing formulary recommendations for the use of medicines and medical devices which are available on NHS prescription incorporating recommendations from NICE and local commissioning decisions.

7.16 Facilitate the production of shared care arrangements and pathways and guidance for the prescribing, supply and utilisation of medicines and medical devices which are available on NHS prescription within the most appropriate care settings across the Lancashire and South Cumbria health and social care system. The methodology will include a Traffic Light system to ensure that the provision of care in respect of medicines management is delivered within the most appropriate care setting.

7.17 Consider how the impact of new medicines and medical devices which are available on NHS prescription affects policies relating to the commissioning of services. Consider potential service implications associated with the managed introduction of a new medicines or the use of an established medicine for a new indication.

7.18 Provide an overview of the uptake and adoption of any recommendations made by the group.

7.19 Ensure that patient outcomes, effectiveness and safety considerations are at the forefront of recommendations made.

7.20 Provide assurance to the ICB, via IMOC, the executive and Quality and outcomes Committees, that its pathways and guidance and medicines policy positions are being developed and implemented in a robust and proper manner.

7.21 Make recommendations for clinical policy and implementation to the IMOC for onward consideration/recommendation as relevant.

8 Equality and Diversity

8.1 The LSCMMG will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

9 Membership

9.1 The LSCMMG will consist of a multi-disciplinary group, and will include the following core members:

Title
ICB Chief Pharmacist (Chair)
Senior Commissioning Manager from ICB
Trust senior medical representation from the following trusts • Blackpool Teaching Hospitals • University Hospitals of Morecambe Bay • Lancashire Teaching Hospitals • East Lancashire Teaching Hospitals • Lancashire and South Cumbria Foundation Trust
Primary care Integrated Care Partnership senior medical representation from each of the places in Lancashire and South Cumbria
Trust senior pharmacist representation from the following trusts • Blackpool Teaching Hospitals • University Hospitals of Morecambe Bay • Lancashire Teaching Hospitals • East Lancashire Teaching Hospitals • Lancashire and South Cumbria Foundation Trust
Primary care Integrated Care Partnership senior pharmacist representation from each of the places in Lancashire and South Cumbria
ICB Finance Representative
Provider finance representative
Local Medical Committee representative
Community Pharmacy Lancashire and South Cumbria representative
Provider commissioning / Business manager

9.2 The LSCMMG will co-opt colleagues from within the system and/or external experts where required by the agenda.

10 Chair

10.1 The chair must be senior clinician with at least 5 years experience in a clinical leadership role. They must be an ICB officer with delegation to make decisions in line with the ICB board approved ‘Scheme of delegation and reservation’. This will be the ICB Chief Pharmacist.

10.2 A Deputy chair will be nominated by the group, but in the absence of the chair recommendations will need to be ratified by the ICB executive committee.

11 Quoracy and Frequency

11.1 The LSCMMG shall meet a minimum of nine times a year. However, the Chair may arrange additional meetings at their discretion. A schedule of pre-arranged meeting will be distributed to all members on an annual basis.

11.2 Members would normally attend meetings and it is expected that members will attend a minimum of six out of every nine meetings per annum barring any exceptional circumstances.

11.3 Most meetings will offer attendance via MS Teams or similar, to support members to carry out their duties.

11.4 The Chair may invite other ICB and trust officers to attend for particular agenda items.

11.5 Should either the Chair or the Deputy Chair be unable to attend a meeting, a deputising member can be nominated.

11.6 At each meeting 50% of the core membership must be present, of whom there should be at least 2 medics, with a minimum representation of 3 of 4 Integrated Care Partnership health economies, 2 primary care representatives and 2 provider Trusts.

11.7 Should a member not be able to attend an LSCMMG meeting, apologies in advance must be provided to the Chair/professional secretary and the status of formal representative attending in their place must be communicated.

11.8 A review of membership will be undertaken annually. Where members have not attended for greater than 6 months, they will be removed from the distribution list in consultation with the organisations LSCMMG representative.

12 Conflicts of Interest

12.1 All members, ex-officio members and those in attendance must submit and annual declaration of interest and declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair, and according to their actions to be taken to mitigate risk.

12.2 Members are required to follow the ICB Policy for Managing Conflicts of Interest (incorporating Gifts and Hospitality): https://www.healthierlsc.co.uk/application/files/1517/3822/5127/LSCICB_Corp

34_Conflicts_of_Interest_Policy_V3.pdf This is in addition to any employing organisation declaration for non ICB staff.

12.3 If the Chair has a conflict of interest, then the deputy chair or, if necessary, another member will be responsible for deciding the appropriate course of action.

13 Reporting

13.1 The minutes of the LSCMMG meetings shall be formally recorded and submitted to the IMOC and executive committee along with a 'triple A' report.

13.2 On occasion, a more detailed report may be required.

13.3 The LSCMMG shall receive regular updates from the Formulary Working Group and other relevant groups including sub-groups or task and finish groups.

14 Secretariat and Administration

14.1 The Chair of the LSCMMG will be responsible for agreeing the agenda with the professional secretary, which will be circulated together with supporting papers at least eight working days prior to the LSCMMG meeting, unless there are exceptional circumstances authorised by the Chair.

14.2 A log of agreed actions and decisions will be taken from each meeting and shared alongside the minutes within seven working days of the meeting.

14.3 The group shall be supported with a secretariat function ensuring that:

14.3.1 The agenda and papers are prepared and distributed within the relevant timeframes having been agreed by the Chair.

14.3.2 Attendance of those invited to each meeting is monitored and highlighted to the Chair those that do not meet the minimum requirements.

14.3.3 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.

14.4 The ICB Hub Medicines Team will provide the secretariat and project support for the LSCMMG. This includes providing minutes for approval by the members, keeping records of actions, declarations and organising the communications.

14.5 The draft minutes of the meeting will be ratified by members of the group at the successive meeting and then be published on the LSCformulary site.

15 Behaviours and Conduct

15.1 Members will be expected to conduct business in line with the NHS LSC ICB values and objectives.

15.2 Members of, and those attending, the group shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

15.3 Members of LSCMMG are expected to:
- 15.3.1 Commit to attend meetings regularly
- 15.3.2 Contribute items for the agenda as appropriate, with supporting material, stated purpose and action required, no later than 7 days before the date of the next meeting
- 15.3.3 Come to meetings prepared, with all documents and contribute to the debate and discussions.
- 15.3.4 Represent their organisation and professional group and take views from LSCMMG back to their own groups / organisations for comment and then for feeding back responses to LSCMMG as appropriate.
- 15.3.5 Before each meeting, seek and represent the views of their organisation and/or professional groups by consultation.
- 15.3.6 Communicate the decisions/advice from LSCMMG to their own groups / organisations for implementation / action as relevant.

16 PHARMACEUTICAL INDUSTRY

16.1 The Committee will not accept requests from the pharmaceutical industry to attend meetings or to present information to group members.

16.2 Applications for review, from the pharmaceutical industry cannot be accepted as all requests must come from health care professionals working within LSC to ensure that they are in line with the needs of the local population.

16.3 Requests from pharmaceutical industry for amendments to the formulary e.g. branded generics, factual inaccuracy should be directed to lscicb.medsformulary@nhs.net where requests will be triaged for the Formulary Working Group and QIPP Group.

17 Monitoring Compliance & Review Timeframe

17.1 The Terms of Reference of the LSCMMG will be reviewed at least annually and signed off by the IMOC and Executive committee.

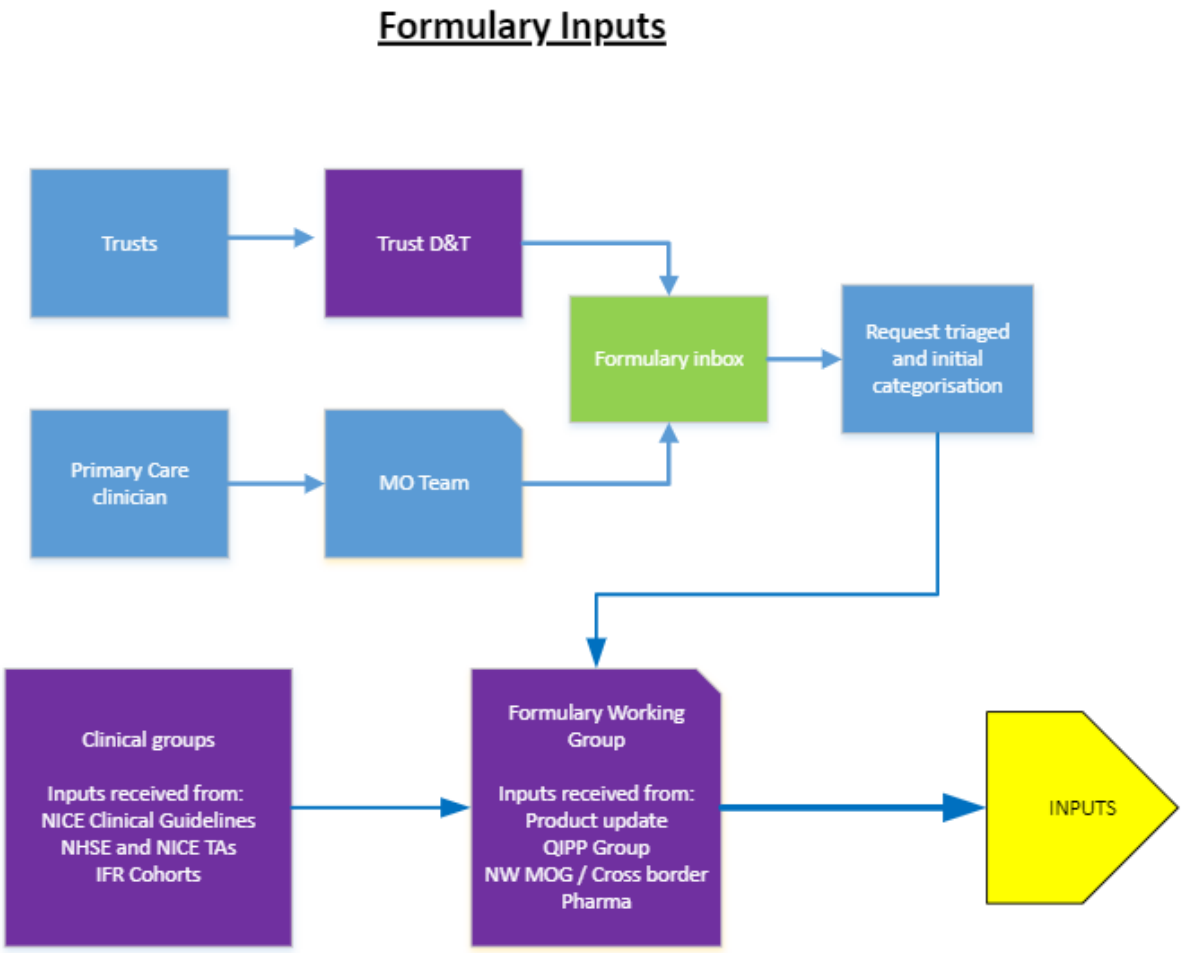
17.2 The LSCMMG will contribute to the IMOC's annual report, including, meeting frequency and membership attendance, clinical policy development and review progress and policy implementation monitoring and progress.

17.3 The LSCMMG will develop a workplan with specific objectives which will be reviewed regularly and formally on an annual basis. The LSCMMG will also review its performance on an annual basis, submitting its findings to the IMOC/ Executive committee for assurance and for onward assurance as relevant.

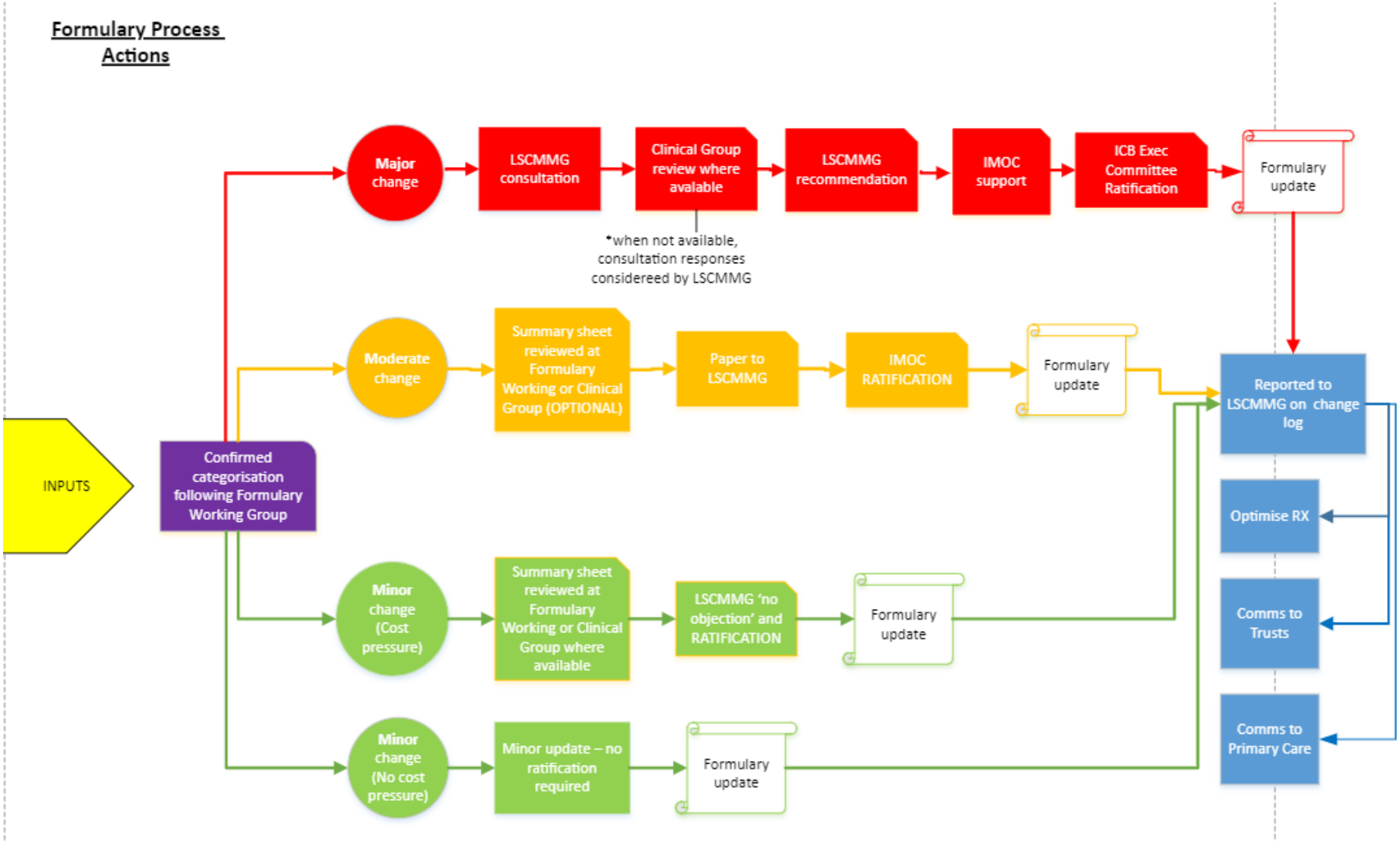
Date TOR Agreed:

Review Date:

Appendix 1 - Formulary Inputs



Appendix 2 – Formulary Outputs



Appendix 3 - Decision Making Matrix – Medicines Management 25/26

Area of Decision	Description	Financial Threshold (Note that service related costs will be included in any estimation of cost impact).	Updated Outside of LSCMMG, summary presented to LSCMMG for ratification	Lancashire and South Cumbria Medicines Management Group	ICB Execs
Medicines Commissioning Decisions					
Minor Medicine Change – no cost pressure	Product deletions, new product strength or new brand of a formulary drug or an update to align with an SPC change related to safety or where it is included in an accepted NICE or NHSE guideline. Accepted practice in a Trust and is an accepted NICE or NHSE guideline. NICE Technology Appraisal.	Cost saving or cost neutral.	x		
Moderate Change	New medicines or prescribable medical devices or new indications. Alignment with neighbouring ICB via NWMOG. NICE Technology Appraisal.	Cost pressure of less than £100,000 per year in Lancashire and South Cumbria or estimated by NICE to be cost neutral for NICE TAs.		x	
Major Medicine Change	New medicines or prescribable medical devices or significant new indications. Significant formulation change or RAG rating change for current formulary medicine. Alignment with neighbouring ICB via NWMOG. NICE Technology Appraisal.	Cost pressure of greater than £100,000 per year in Lancashire and South Cumbria.			x
Medicines Guidelines					
Minor Guideline Change – no cost pressure	Minor amendments to an existing clinical guideline such as a new product strength of a formulary drug or an update to align with an SPC change related to safety where the patient cohort and intent of the document remains unchanged.	Cost saving or cost neutral.	x		
Moderate Guideline Change	Development of a new guideline or a moderate change to an existing clinical guideline.	Cost pressure of less than £100,000 per year in Lancashire and South Cumbria or estimated by NICE to be cost neutral for NICE TAs.		x	
Major Guideline Change	Development of a new clinical guideline or a major change to an existing clinical guideline.	Cost pressure of greater than £100,000 per year in Lancashire and South Cumbria.			x