

**Bedfordshire, Luton and Milton Keynes (BLMK)
Area Prescribing Committee (APC)**

Formulary Sub-Group

Terms of Reference

<p>Purpose</p>	<p>The BLMK APC is a strategic local decision- making group with responsibility to promote rational, evidence-based, high quality, cost-effective medicines optimisation across Bedfordshire, Luton and Milton Keynes in order to ensure equity of access to medicines for all residents.</p> <p>The Formulary Sub-group reports to the BLMK APC and will make decisions in ways that are clear, consistent and defensible and take account of regional and national recommendations using an explicit ethical framework and decision-criteria that clinicians are aware of when submitting applications for clinical support and for funding.</p> <p>There will be a systematic approach to whole therapeutic areas, not looking solely at single drugs in isolation from the care pathway; there will be consideration of other health-system costs to support and facilitate service redesign.</p> <p>Key Functions</p> <ul style="list-style-type: none"> • Recommend changes (additions/deletions) to the Bedfordshire and Luton Joint Formulary and the Milton Keynes Joint Formulary for medicines (including medical devices listed in the drug tariff) that are prescribed only in primary care or in both primary and secondary care as well as those high cost drugs which are prescribed solely in secondary care but commissioned by the ICB or NHS England in accordance with NICE Technology Appraisals. (Those medicines which are used solely within secondary care and which are not designated as high cost drugs within the national contract and commissioned by the ICB or NHS England, are agreed by the Hospital DTC or Prescribing and Medicines Governance Committee.)
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	<ul style="list-style-type: none">• Maintain the traffic light classification for prescribing responsibility.• Inform the development of shared care guidelines, co-ordinating care across primary and secondary care.• Work with local Provider Committees across BLMK to ensure a common approach. • Work with providers to develop prescribing policies/agreed care pathways linked to formulary changes that take account of the secondary/primary care interface and the overall cost implications of both primary and secondary care prescribing.• Incorporate the outputs from NICE (Technology Appraisals, Guidelines and Highly Specialised Technologies Guidance) into formulary proposals as appropriate.• Review and critically appraise the evidence and place in therapy for the commissioning of new medicines which are not being considered by NICE but have been proposed for inclusion in the formularies• Promote information sharing and good practice to ensure that medicines are being used safely.
Membership	<ul style="list-style-type: none">• Senior Nurse (Secondary Care)• Place based Lead GPs (2 – one from MK ICP and one from Bedfordshire Care Alliance)• Place based Lead Pharmacists –(x2)• ICB Commissioning Lead Pharmacist• Acute Trust Medical Representatives x2• ICB formulary lead Pharmacist• Acute Trust formulary lead Pharmacists x 2• Lead ICB Medicines Optimisation Technician• Medicines Procurement Specialist (Secondary Care)• Community Pharmacist*• Chair• Community Services formulary lead pharmacists*• Mental health formulary lead pharmacists* <p>*will receive all papers and will decide whether to join the meeting based on the agenda.</p> <p>Members should identify deputies to attend in their absence. In addition to regular committee members, other clinicians are invited to attend as necessary to provide expertise, necessary to the deliberations of the Committee.</p> <p>QUORUM: 6 members must be in attendance including:</p> <ul style="list-style-type: none">• 1 Acute Trust Pharmacist• 1 Acute Trust Medical Representative• 1 GP• 1 Place based Lead Pharmacist

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	<ul style="list-style-type: none"> • ICB Commissioning Lead Pharmacist or ICB Formulary Pharmacist • Lead ICB Medicines Optimisation Technician or Medicines Procurement Specialist (Secondary Care) <p>In the light of non-attendance by members / organisations resulting in the meeting not being quorate, the chair may determine that there are appropriate people present to make recommendations and allow the meeting to proceed. Some agenda items may be rescheduled if necessary. All recommendations made when the meeting is not quorate must be circulated by email and approved by enough members to achieve quoracy.</p> <p>Some papers may receive virtual consideration (via email) by the Committee. Recommendations agreed by this process will need to be ratified at a full Committee meeting before they are issued</p> <p>Chair In the absence of the chair, a placed-based GP or ICB Commissioning Pharmacist will deputise.</p>
<p>Committee Secretariat and setting the agenda</p>	<p>The Committee will be supported by a Professional Secretary and administrative staff. All the organisations represented on the Committee will be able to request agenda items for discussion at the meeting.</p>
<p>Frequency of Meetings</p>	<p>Meetings will be held three/four weeks before each BLMK APC – 5 meetings (approximately bimonthly) per year on Tuesdays</p>
<p>Duties and Responsibilities</p>	<p>CHAIR</p> <ul style="list-style-type: none"> • The Chair should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant interests. The Chair should take appropriate action in relation to declarations of interest. • Ensure that the case supporting recommendations is consistent with the critical appraisal of the evidence and that the rationale for the recommendations are clearly captured for the record of the meeting. • Clarify and ensure that the rationale for each recommendation to the BLMK APC is documented and followed up. • <p>MEMBERS</p> <ul style="list-style-type: none"> • Commit to regular attendance of BLMK Formulary Sub-group meetings and their attendance to be regularly informed by the considered views of their service area / organisation and their peers. • Read relevant papers / discussion documents as supplied for the meeting prior to attendance at the BLMK Formulary Sub-

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	<p>group meeting so that discussions can be informed and as concise as possible, and agreement can be reached</p> <ul style="list-style-type: none">• Gather their service area / organisation's view on the evidence for clinical and cost effectiveness in the papers circulated to the group in advance of the meeting.• Critically appraise the evidence and test the rationale in the case for change, using their clinical and/or management knowledge to consider the impact on patient care.• Promote two-way communication between BLMK Formulary Sub-group meetings and relevant service area / organisation and communicate/champion decisions from BLMK Formulary Sub-group to these organisations for implementation.• Undertake work as necessary between meetings.• Complete an annual declaration of interests and the Chair will request any additional declarations at the beginning of each meeting which might have a bearing on their actions, views and involvement in discussions within BLMK Formulary Sub-group
Relationship to other bodies	The BLMK Formulary Sub-group makes recommendations to the BLMK APC about the effectiveness, cost-effectiveness and formulary status of medicines.
Output and Communication	Recommendations from the BLMK Formulary Sub-group are shared with the BLMK APC for approval.
Nature of decisions and reporting mechanisms	<p>The BLMK Formulary Sub-group is an advisory body.</p> <p>Recommendations made by the BLMK Formulary Sub-group are arrived at after careful consideration of the evidence available.</p>
Equality and Diversity	The BLMK Formulary Sub-group commits to have due regard to Equality, Inclusion and Human Rights considerations in its decision-making process and this is included in the Ethical Framework used by the Committee. (See appendix 1)
Appeals Process	The BLMK APC is the ultimate decision-making body.
Document history	Version 1, Final Draft v2 02 June 2021

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Appendix 1

Bedfordshire, Luton and Milton Keynes Area Prescribing Committee (BLMK APC) Assessment against Ethical and Commissioning Principles

Treatment assessed (Month and Year):
BLMK APC Recommendation
1) Clinical Effectiveness
2) Cost Effectiveness
3) Equity & Equality Impact Assessment*
Will this decision of the BLMK APC have an impact for patients or staff in regard to Equality, Inclusion and Human Rights legislation? Such impacts (negative) could include: <ul style="list-style-type: none">• Restriction of a drug which could benefit those with certain conditions^{1,2} ¹ NB Equality and Diversity is only one part of an assessment of the new drug/indication. ² It should be noted that where the Bedfordshire, Luton and Milton Keynes Area Prescribing Committee is following national guidance, these have been developed with consultation and are required to have been subject to Equality Analysis and Due Regard.
YES If the proposal is likely to impact patients or staff, please set out those impacts and any mitigations that have been identified. Examples include a process where the needs of exceptional cases can be met. <u>Should a significant impact be identified an EQIA should be completed</u>
If NO , please state that the decision has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified.
4) Needs of the community
5) Need for healthcare (incorporates patient choice and exceptional need)
6) Policy drivers
7) Disinvestment
8) Environmental Impact of decision (if applicable)

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Where the implementation of the decision of the Bedfordshire, Luton and Milton Keynes Area Prescribing Committee may impact on one or more equality group differently to others, BLMK ICB will require a full equality impact assessment to be completed.

Protected Characteristics (under the Equality Act):-

Age; Disability; Gender reassignment; Marriage & Civil Partnership (in employment only); Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual orientation; carers; other identified groups.